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LOUISIANA DEPARTMENT OF INSURANCE
www.lidi.state.la.us



Introduction

Medicare is a federal health insurance program for people over 65 and certain disabled people. It consists of Part A - Hospital Coverage and Part B - Medical Coverage.

Medigap is another name for Medicare Supplement Insurance. It is private health insurance designed specifically to supplement Medicare benefits. Medicare does not pay all of a beneficiary's medical expenses. To fill these gaps, many people purchase this insurance coverage to supplement their Medicare benefits. This guide is designed to assist you in selecting a Medicare supplement insurance policy.

This guide also contains an outline of the benefits provided by Medicare, a glossary of commonly used terms, a description of the types of health insurance available to senior citizens, important buyer's tips and more. It will also provide you with information on cost and the benefits offered by some of the Medicare supplement insurers in Louisiana.

Only those authorized companies responding to our survey are included in this guide. They are listed in alphabetical order.

This comparison guide is not in any way indicative of the financial strength or stability of the companies included here nor does this Department endorse any company, producer or policy.

If you have questions concerning information in this booklet or if you need assistance, please call toll-free, statewide, at:

1-800-259-5301.

THIS GUIDE IS BASED ON 2008 MEDICARE
BENEFITS AND PREMIUMS
WHICH ARE SUBJECT TO CHANGE.

ONLY THOSE COMPANIES RESPONDING TO OUR SURVEY ARE SHOWN.
RATES SHOWN ARE NEW APPLICANT RATES THAT WERE IN EFFECT AT THE TIME OF
PRINTING.



Medicare Part A

Hospital Insurance-Covered Services for 2008

Services	Benefit	Medicare Pays	You Pay
In-Patient Hospitalization per benefit period** Semiprivate room and board, general nursing and miscellaneous Hospital services and supplies	1-60 days	All covered services except for a deductible	\$1,024 per benefit period for up to 60 days of Medicare-covered services
	61-90 days	Covered services except for the daily coinsurance amount	\$256 per day
	91-150 days* (60 reserve days)	Covered services except for the daily coinsurance amount	\$512 per day
	Beyond 150 days	Nothing	All costs
Skilled Nursing Facility Care per benefit period** You must have been in a hospital for at least three days and enter a Medicare-approved facility generally within 30 days after medical discharge***	1-20 days	100% of approved amount	Nothing
	21-100 days	Covered services except for a daily coinsurance amount	Up to \$128 per day
	Beyond 100 days	Nothing	Everything
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Visits limited to medically necessary skilled care, unlimited as long as you meet Medicare requirements for home health benefits	Full costs of services; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
Hospice Care Pain and symptom relief, and supportive services for the management of a terminal illness	As long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
Blood: From a hospital or skilled nursing facility during a covered stay	Unlimited during benefit period, if medically necessary	All but first three pints per calendar year	For first three pints

* Each of the 60 reserve days may only be used once.

** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 days in a row.

*** Medicare and private insurance will not pay for most nursing home care.

Medicare Part B

Medical Insurance-covered Services per Calendar 2008

Services	Benefit	Medicare Pays	You Pay
Medical Expense - Physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, ambulance, etc.	Medicare pays for medical services in or out of the hospital	80% of approved amount (after \$135 deductible)	\$135 deductible* plus 20% of approved amount (plus any charge up to 15% above approved amount)** 20% for all outpatient physical, occupational, and speech-language therapy services.
Home Health Care (If you don't have Part A)	Visits limited to medically necessary skilled care	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
Outpatient Hospital Treatment	Unlimited if medically necessary at hospitals and community mental health centers	A Medicare-approved amount for covered services after \$135 deductible	A coinsurance or fixed co-payment amount that may vary according to the service.
Blood ***	Blood	80% of approved amount (after \$135 deductible and starting with fourth pint)	First three pints plus 20% of approved amount (after \$135 deductible)

* Once you have incurred \$135 of Medicare approved charges for covered services in 2008, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

** You pay for charges higher than the amount approved by Medicare up to the legal charge limit unless the doctor or supplier agrees to accept Medicare's approved amount as full payment for services rendered. This is known as "accepting assignment."

*** To the extent the blood deductible is met under one part (either Part A or Part B) of Medicare during the calendar year, it does not have to be met under the other part.

The 12 Standard Medicare Supplement Plans

The following is a list of the 12 standard plans and benefits provided by each.

PLAN A - (the basic policy) consists of these core benefits:

- ✓ Coverage for the Part A coinsurance amount (\$256 per day in 2008) for the 61st through the 90th day of hospitalization in each Medicare period.
- ✓ Coverage for the Part A lifetime reserve days coinsurance amount (\$512 per day in 2008) for the 91st through the 150th day of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used.
- ✓ After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another appropriate standard of payment for hospitals not subject to the PPS. Beneficiaries may be responsible for payment when Medigap hospital benefits are exhausted.
- ✓ Coverage under Medicare Parts A & B for the reasonable cost of the first 3 pints of blood or equivalent quantities of packed red blood cells per calendar year unless replaced in accordance with federal regulations.
- ✓ Coverage for the coinsurance amount for Part B services (generally 20% of approved amount) after the \$135 annual deductible; 50% coverage of approved charges for outpatient mental health services after Part B deductible is met.

PLAN B - includes the core benefits in Plan A PLUS:

- ✓ Coverage for the Medicare Part A inpatient hospital deductible (\$1,024 per benefit period in 2008).

PLAN C - Includes the core benefits in Plan A PLUS:

- ✓ Coverage for the Medicare Part A deductible (\$1,024).
- ✓ Coverage for the skilled nursing facility coinsurance (\$128 per day for the 21st through the 100th day per benefit period in 2008).
- ✓ Coverage for the Medicare Part B deductible (\$135 per calendar year in 2008).
- ✓ 80% coverage for the medically necessary emergency care in a foreign country after a \$250 deductible.

PLAN D - includes the core benefits in Plan A PLUS:

- ✓ Coverage for the Medicare Part A deductible (\$1,024).
- ✓ Coverage for the skilled nursing facility care daily coinsurance amount (\$128).
- ✓ Coverage for medically necessary emergency care in a foreign country (see Plan C for description).
- ✓ Coverage for at-home recovery. The at-home recovery benefit pays up to \$1600 per year for short-term, at-home assistance with activities of daily living (bathing, dressing, personal hygiene, etc.) for those recovering from an illness, injury or surgery.

PLAN E - includes the core benefits in Plan A PLUS:

- ✓ Coverage for the Medicare Part A deductible.
- ✓ Coverage for the skilled nursing facility care daily coinsurance amount.
- ✓ Coverage for medically necessary emergency care in a foreign country.
- ✓ Coverage for preventive medical care. The preventive medical care benefit pays up to \$120 per year for such things as physical exams, serum cholesterol screening, hearing test, diabetes screenings, and thyroid function test.

PLAN F - includes the core benefits in Plan A PLUS:

- ✓ Coverage for the Medicare Part A deductible.
- ✓ Coverage for the skilled nursing facility care daily coinsurance amount.
- ✓ Coverage for the Medicare Part B deductible.
- ✓ Coverage for medically necessary emergency care in a foreign country.
- ✓ Coverage for 100% of Medicare Part B excess charges (see page 11 - Limiting Charge).

PLAN G - includes the core benefits in Plan A PLUS:

- ✓ Coverage for the Medicare Part A deductible.
- ✓ Coverage for the skilled nursing facility care daily coinsurance amount.
- ✓ Coverage for 80% of Medicare Part B excess charges.
- ✓ Coverage for medically necessary emergency care in a foreign country.
- ✓ Coverage for at-home recovery (see Plan D for description).

PLAN H - includes the core benefits in Plan A PLUS:

- ✓ Coverage for the Medicare Part A deductible.
- ✓ Coverage for the skilled nursing facility care daily coinsurance amount.
- ✓ Coverage for medically necessary emergency care in a foreign country.

PLAN I - includes the core benefits in Plan A PLUS:

- ✓ Coverage for the Medicare Part A deductible.
- ✓ Coverage for the skilled nursing facility care daily coinsurance amount.
- ✓ Coverage for 100% of Medicare Part B excess charges.
- ✓ Coverage for medically necessary emergency care in a foreign country.
- ✓ Coverage for at-home recovery (see Plan D for description).

PLAN J - includes the core benefits in Plan A PLUS:

- ✓ Coverage for the Medicare Part A deductible.
- ✓ Coverage for the skilled nursing facility care daily coinsurance amount.
- ✓ Coverage for the Medicare Part B deductible.
- ✓ Coverage for 100% of Medicare Part B excess charges.
- ✓ Coverage for medically necessary emergency care in a foreign country.
- ✓ Coverage for preventive medical care (see Plan E for description).
- ✓ Coverage for at-home recovery (see Plan D for description).

PLAN K - includes the core benefits in Plan A with the following differences:

- ✓ Coverage of the \$256 coinsurance in 2008 for days 61-90 at 100%.
- ✓ Coverage of the \$512 coinsurance in 2008 for days 91-150 at 100%.
- ✓ Coverage of the Part B coinsurance paid at 10%.
- ✓ Coverage of the \$1,024 Part A deductible in 2008 paid at 50%.
- ✓ Coverage of the \$128 skilled nursing facility daily coinsurance in 2008 paid at 50%.
- ✓ Annual blood deductible (first 3 pints of non-replaced blood in a calendar year) paid at 50%.
- ✓ Coinsurance for other Medicare Part B approved expenses paid at 10% of Medicare approved charges.
- ✓ Coinsurance for certain benefits under Medicare Hospice benefit paid at 50%.

NOTE: Plan K limits your annual out-of-pocket payments for Medicare-approved amounts to \$4,440 per year in 2008. However, this amount does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service up to the limiting charge (15% above the Medicare Approved Amount).

PLAN L - includes the core benefits in Plan A with the following differences:

- ✓ Coverage of the \$256 coinsurance in 2008 for days 61-90 at 100%.
- ✓ Coverage of the \$512 coinsurance in 2008 for days 91-150 at 100%.
- ✓ Coverage of the Part B coinsurance paid at 15%.
- ✓ Coverage of the \$1,024 Part A deductible in 2008 paid at 75%.
- ✓ Coverage of the \$128skilled nursing facility daily coinsurance in 2008 paid at 75%.
- ✓ Annual blood deductible (first 3 pints of non-replaced blood in a calendar year) paid at 75%.
- ✓ Coinsurance for other Medicare Part B approved expenses paid at 15% of Medicare approved charges.
- ✓ Coinsurance for certain benefits under Medicare Hospice benefit paid at 75%.

NOTE: Plan L limits your annual out-of-pocket payments for Medicare-approved amounts to \$2,220 per year in 2008. However, this amount does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service up to the limiting charge (15% above the Medicare Approved Amount).

QUESTIONS ON MEDIGAP INSURANCE?

**CALL SHIP.
WE CAN HELP.**

NOTE:
The table on the following page demonstrates the twelve standard Medigap plans in table form. Please notice that Plans B through L contain the Core Benefits in Plan A.

THE 12 STANDARDIZED MEDICARE SUPPLEMENT PLANS

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>
Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits*	Core Benefits*
		SNF Co-ins	SNF Co-ins	SNF Co-ins	SNF Co-ins	SNF Co-ins	SNF Co-ins	SNF Co-ins	SNF Co-ins	SNF Co-ins 50%	SNF Co-ins 75%
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Ded.- 50%	Part A Ded.- 75%
		Part B Deductible			Part B Deductible				Part B Deductible		
					Part B Excess 100%	Part B Excess 80%		Part B Excess 100%	Part B Excess 100%		
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery		
				Preventive Care					Preventive Care		

CORE BENEFITS

In-patient Hospitalization:

1. Coinsurance of \$256/day for days 61-90
2. Coinsurance of \$512/day for days 91-150
3. Additional 365 days of in-patient hospital expenses for days over 150
4. Blood (First 3 pints each year) (Plan K-50%, Plan L-75%)*

- Plan K has a \$4,440 out-of-pocket annual limit in 2008.
Plan L has a \$2,220 out-of-pocket annual limit in 2008.
(These out-of-pocket amounts may change annually.)

Medical Expenses:

1. Part B coinsurance:
Plans A – J: 20% of Medicare approved expenses.
Plan K: 10% of Medicare approved expenses*
Plan L: 15% of Medicare approved expenses*
2. Blood (First 3 pints each year) (Plan K-50%, Plan L-75%)*

* Plans K and L cover the total coinsurance for Part B preventive services covered by Medicare.

Medigap Insurance Policy Comparison Checklist



	POLICY#1		POLICY#2		POLICY#3	
Does the policy cover:	YES	NO	YES	NO	YES	NO
Medicare Part A hospital deductible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part A hospital daily coinsurance?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital care beyond Medicare's 150-day limit? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled nursing facility (SNF) daily coinsurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNF care beyond Medicare's limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part B annual deductible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part B coinsurance?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician & supplier charges in excess of Medicare's approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare blood deductibles?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Policy Considerations						
Can the company cancel or renew the policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What are the policy limits for covered services?	<input type="text"/>		<input type="text"/>		<input type="text"/>	
How much is the annual premium?	<input type="text"/>		<input type="text"/>		<input type="text"/>	
How often can the company raise the premium?	<input type="text"/>		<input type="text"/>		<input type="text"/>	
How long before existing health problems are covered?	<input type="text"/>		<input type="text"/>		<input type="text"/>	
Does the policy have a waiting period before any benefits will be paid? If so, how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Louisiana requires these benefits be included in all newly issued Medigap policies.

Glossary

APPROVED CHARGES, also known as allowable charges, Medicare eligible expenses, or Medicare covered charges, applies to the specific dollar amount on which Medicare will base its payment for every conceivable medical procedure under Part B. Medicare will pay 80% of this "approved" amount.

ASSIGNMENT is the means doctors or suppliers receive payment directly from Medicare. When assignment is used, the provider of medical service agrees that his or her total charge for the covered service will be the charge approved by the Medicare carrier. Medicare then pays your doctor or supplier 80% of the approved charge, less any part of the \$135 annual Part B deductible. You are responsible for the 20% of the approved amount not paid by Medicare plus the \$124 annual deductible. Accepting assignment means that the doctor or medical provider will not bill you for the difference between the actual charge and the Medicare approved amount. Find out in advance whether your doctor or medical provider will accept assignment. When assignment is not accepted, you will be responsible for any amount up to 15% above the charges approved by Medicare. Using doctors or suppliers who accept assignment will save you money. Any physician may take assignment on a claim-by-claim basis whether he is a "participating" provider or not.

CARRIER is the Medicare Part B claims processor. In Louisiana, the Medicare "carrier" is Blue Cross & Blue Shield of Arkansas. For questions about your Part B claims payments, telephone 1-800-MEDICARE.

CONTESTABLE CLAUSE is a policy provision that gives an insurer the right to rescind your insurance policy in the event there are any errors, omissions or

misstatements on your insurance application or enrollment form. The contestable period is generally the two years following the effective date of the policy.

COORDINATION OF BENEFITS (COB) means that one of your health insurance policies may reduce its benefits if you are also covered by another insurance plan. IMPORTANT! This usually applies only for employer-sponsored plans. Private Medicare supplements ordinarily do not have COB regardless of how many policies you have.

COPAYMENT is the amount that you or your insurance plan must pay to supplement Medicare's payments for Part A and Part B expenses. For example, for charges incurred in 2008, you will have a \$256 per day co-payment for days 61-90 and a \$512 per day co-payment for days 91-150 while in a hospital. There is also a co-payment of \$128 for skilled nursing days 21-100 and, for all Part B services, a co-payment of 20% after your annual Part B deductible of \$135.

DEDUCTIBLE is the dollar amount that you will have to pay before either Medicare or your insurance plan will begin paying their benefits. Your Medicare Part A deductible is \$1,024 per benefit period for 2008. Your Medicare Part B deductible is \$135 of approved charges each calendar year.

EFFECTIVE DATE is the date your policy becomes effective. When you talk to your insurer, ask what the effective date will be. The effective date is printed on your insurance policy or certificate.

EXCLUSIONS OR EXCEPTIONS is the list of specific conditions or circumstances that are not covered by the policy. The exceptions in Medicare supplements are limited by state law and cannot exclude or limit coverage for any specific health condition for more than six months. Other health insurance plans such

as hospital indemnities or medical-surgical expense plans may have a 12 month exclusion for pre-existing conditions and/or permanent endorsements for certain health conditions.

FREE LOOK is the time period after you receive the policy in which you can review its benefits. State law requires Medicare supplement insurers to give the consumer 30 days to review the policy. If you return the policy within the 30-day free look period, you will get a full refund. Other types of individually marketed health insurance plans are limited to a 10-day free look period.

GRACE PERIOD is the time period, usually 31 days, for the payment of an overdue premium, during which time the policy remains in force.

HOSPICE is a program for the terminally ill. Medicare does reimburse most Hospice expenses if the Medicare patient chooses to take Hospice benefits instead of regular Part A and Part B benefits. There may be a co-payment for outpatient drugs and inpatient respite care. Care must be provided through certified Hospice organizations.

INTERMEDIARY is the Medicare Part A claims processor. In Louisiana, the Medicare Part A "intermediary" is Blue Cross/Blue Shield of Mississippi. For questions about Part A claims payments, call 1-800-MEDICARE.

LIMITING CHARGE Effective January 1, 1991, physicians who do not accept assignment are limited as to what they can charge a Medicare beneficiary. In 2008, the limiting charge is no more than 15% over Medicare's approved amount. Limiting charge information appears on Medicare's Medicare Summary Notice (MSN) form.

MATERIAL MISREPRESENTATION is a misrepresentation that was important or essential to the decision to issue or not issue an insurance policy.

MEDICAID is a Federal and State program that provides health insurance benefits for certain low-income, disabled and blind individuals and families. There are strict income eligibility guidelines, and applications must be made at the local enrollment centers of the Department of Health & Hospitals.

MEDICARE CROSSOVER is one of the more significant service enhancements that companies can offer. A "crossover" company has a contract with Medicare requiring Medicare to send the insured's balance bills directly to the Medicare supplement insurance company.

MEDICARE HEALTH PLANS is the new name for Medicare Advantage. It is a section of the Budget Balancing Act (BBA) of 1997 that authorizes the Centers for Medicare & Medicaid Services (CMS) to enter into contracts with insurance companies, managed care organizations and other entities to give Medicare beneficiaries a choice in how they receive their Medicare benefits.

NON-PARTICIPATING PHYSICIANS have not signed a contract with Medicare to accept assignment, but may do so on a case-by-case basis. Non-participating physicians must still file all claims with Medicare.

PARTICIPATING PHYSICIANS are doctors who have contracted with Medicare to accept assignment for all Medicare patients, file all claims for Medicare patients and agree to all Medicare rules.

PRE-EXISTING CONDITIONS are health conditions for which you have been diagnosed, treated or had symptoms during the time before your policy's effective date of coverage.

PRE-EXISTING CONDITION WAITING PERIOD is the amount of time after your effective date of coverage during which your insurance plan will not cover any pre-existing conditions. Medicare supplement law in Louisiana says that your waiting period cannot be any longer than six months. Many Medicare supplements offer plans with shorter waiting periods. When a Medicare supplement policy replaces another Medicare supplement policy, the replacing issuer must waive any time period applicable to pre-existing conditions.

QUALIFIED MEDICARE BENEFICIARY (QMB) is a program available through Medicaid for paying Medicare premiums, deductibles, and coinsurance amounts for certain low-income elderly and disabled beneficiaries who are not otherwise eligible for Medicaid. Eligibility determinations are made through the Medicaid program.

QUALITY IMPROVEMENT ORGANIZATION (QIO) is a group of doctors and health care professionals who are paid by the federal government to review Medicare hospital admissions and reimbursements and to monitor inpatient quality of care. QIOs have the authority to deny hospital payments if care is not medically necessary. QIOs also handle any appeals and complaints the patient makes regarding non-payment of service or quality of care. If you have any questions, you can contact the QIO in Louisiana: Louisiana Health Care Review, located at 8591 Plaza Blvd., Suite 270, Baton Rouge, LA. 70809.

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) is a Medicaid program established in January 1993. Eligible persons will have their Medicare Part B premiums paid. However, their deductible and co-payments will not be covered under SLMB.

UNDERWRITING is the method insurance companies use to evaluate risks and determine insurability.

USUAL, CUSTOMARY AND REASONABLE (UCR) typically means the fees most frequently charged in a geographic area by providers with similar training and experience for the same or like service or supply.

Other Types of Health Insurance

ACCIDENT POLICIES - These are specific benefit policies covering you only if you incur expenses due to an accident. Any expenses incurred through an illness are normally excluded. These policies can be very restrictive so be careful that you fully understand the benefits and exclusions.

CANCER POLICIES - These policies provide specific benefits for expenses related to actual treatment of cancer. Most cancer policies require that the cancer is pathologically diagnosed before benefits become payable and benefits are not payable for related illnesses. Remember that Medicare and Medicare supplement policies pay benefits regardless of your illness or diagnosis.

HEALTH MAINTENANCE

ORGANIZATIONS (HMO) - HMOs provide or make available health care services that may include preventive medical care and pharmacy services for which an enrolled person pays a pre-determined monthly rate. HMOs are available to those persons living in specified geographical areas. Generally, members must receive health care services from the HMO staff at a designated HMO facility, although some emergencies are covered at facilities outside the normal service area.

LONG-TERM CARE INSURANCE

POLICIES - A long-term care policy is designed to pay a specific amount per day while one is confined in a skilled, intermediate or custodial nursing care facility or while receiving home care. Policies vary in cost based on age, amount of daily benefit, the number of years for the benefit to be paid, and how soon the benefit will begin being paid. It is important to understand the

limitations in these policies, especially how they define "levels of care" and covered facilities.

MAJOR MEDICAL EXPENSE COVERAGE

is designed to cover the high costs of serious injuries and illnesses. Benefits are paid for longer periods and dollar limits are generally higher than in basic policies. Usually expenses incurred out of the hospital such as prescription drugs and doctor's visits are also covered. Most major medical plans contain deductible and co-insurance provisions.

MEDICAL-SURGICAL EXPENSE POLICIES

These policies pay for charges made by a physician for surgical operations. It may also pay for fees of the assistant surgeon and anesthesiologist. When an insured is hospitalized for care other than surgery, fees for the doctors' in-hospital visits may also be covered. The benefit payable for specific operations is usually based on a surgical schedule included in the policy. This lists the maximum amount paid for each procedure.

Significant Medicare Insurance Laws

- ◆ A free look period of 30 days is required, during which time the applicant may return the policy to the insurance company and receive a full refund. The free-look period begins from the day the applicant receives the certificate or policy, not from the day of the application.
- ◆ A pre-existing condition waiting period may extend no longer than six months for health conditions diagnosed or treated within the six months immediately prior to the application. The medical questionnaire accompanying an application should have accurate information and should be completed by the applicant, not the producer.
- ◆ Should the applicant be replacing a Medicare supplement policy, no new waiting period is allowed by the replacing insurer for equivalent coverage.
- ◆ For replacement policies, the applicant is required to sign a replacement form indicating that he/she understands the hazards of changing.
- ◆ No producer in Louisiana may sell a new Medicare supplement policy to anyone who already has a Medicare supplement unless the applicant agrees to drop his or her previous insurance.
- ◆ Insurer may not deny an applicant a policy during the six months period after first enrolled in Part B of Medicare regardless of a person's health status. This also applies to Medicare beneficiaries under age 65 by reason of disability or End Stage Renal Disease (ESRD) (see page 17). These individuals are also entitled to another six-month open enrollment period when they reach age 65.
- ◆ All Medicare supplement policies must be guaranteed renewable.
- ◆ An insurer must suspend Medicare supplement premiums and benefits while the policyholder is entitled to Medicaid and the insurer must reinstate policy benefits upon request when Medicaid entitlement ends. This suspension may last up to two years. Policyholders are responsible for informing the insurer of their Medicaid eligibility.
- ◆ The 101st Congress (1990) passed strong federal legislation, which made uniform requirements to govern Medicare supplement insurance in each state. Ten standard benefit plans were developed and became effective in Louisiana in July of 1992 as described in this comparison guidebook. It should be noted that policyholders are not required to change from their old supplements to the newer standardized supplements unless they choose.
- ◆ Two new Medicare Supplement Plans (K and L) have been approved for sale as a result of the federal passage of the Medicare Modernization Act of 2003. Please see pages 6 – 8 for an explanation of these plans.

Things to Remember When Choosing Health Insurance

◆ **SHOP WITH CAUTION.** Don't just buy the cheapest policy you can find without weighing other factors which include determining the company's financial stability and reputation for resolving complaints.

◆ **AVOID HIGH PRESSURE SALES TACTICS.** Take your time and avoid being pushed into buying an insurance policy. Do not buy a policy under the pressure of limited enrollment periods or "last chance to enroll." Be wary of producers and sales material that imply a policy is connected with or endorsed by the government. Medicare supplement insurance and long-term care insurance are not connected with or endorsed by the federal government.

◆ **DON'T BE MISLED BY ADVERTISING.** Only you can decide if a policy is the right one for you. Do not buy a policy because celebrities endorse it in television, radio, newspaper or other advertisements. If you have questions, make sure you know the answers before you buy the policy.

◆ **LOOK OUT FOR PRE-EXISTING CONDITION LIMITATIONS AND REMEMBER THE FREE LOOK PROVISION** (see page14).

◆ **BE CAREFUL HOW YOU PAY FOR POLICIES.** When purchasing Medicare supplement insurance, it is always best to pay by check, money order or bank draft. Premium payments should always be made payable to the insurance company, not the producer. If you must pay in cash, be sure to get a company-authorized receipt signed by the producer.

◆ **KEEP RECORDS.** Make sure that you write down and keep the correct name, telephone number and permanent address of the producer and the insurance company. Ask for a toll-free number in case you need to call long distance.

◆ **KEEP YOUR POLICY IN A SAFE PLACE.** Designate a friend or relative in advance to handle your affairs in case of illness and let that person know where your policy is kept.

Variables

Although policies are "standardized," there are still a surprising number of variables that distinguish companies and policies.

Variables include:

POLICY FEE: Some policies add a one-time policy fee.

UNDERWRITING: Most companies underwrite (Please see definition on page 12). However, a few policies are "guaranteed issue." It is essential to note, however, that even these companies underwrite policies H, I and J.

ZIP CODE: Several companies have zip code rating. Because each has its own zip code cluster, it is not practical to show the premiums for each zip code.

GENDER: A few companies differentiate between men and women when calculating premium rates.

PREMIUM TYPE: The premium for your policy may increase every year, primarily due to inflation in medical costs and the use of more advanced technology. The amount your premium goes up may depend upon the manner in which the company has reflected the aging of its policyholders in its rates. The general approaches that companies use are described below.

1. **ATTAINED AGE:** In addition to medical inflation and advancing technology, your premium will also rise due to the increased use of medical services as people age.
2. **ISSUE AGE:** The premium you pay will be initially somewhat higher than under the Attained Age approach because a portion of the initial premium is used to pre-fund the increased claims cost in later years.

As a result, in subsequent years your premiums should be somewhat less than they would be under an Attained Age approach.

3. **NO AGE RATING:** Under this approach, the premium is the same for all customers who buy this policy, regardless of age.

DIRECT RESPONSE/PRODUCER:

Premiums are basically the same when comparing a direct response sale to a producer-marketed sale.

NON-SMOKER: A few companies have non-smoker discounts.

MEDICARE CROSSOVER: This is one of the more significant service enhancements that companies can offer. A "crossover" company has a contract with Medicare requiring Medicare to send the policyholder's balance bills directly to the Medicare supplement insurance company.

Change in Medicare Supplement Regulations for New Medicare Beneficiaries Under 65

This change in the Medicare Supplement regulation means that Louisiana citizens who acquire Medicare due to disability, End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS) will have an easier time getting approved for Medicare Supplement (Medigap) insurance. Formerly, only those Medicare beneficiaries who have reached the age of 65 and had Medicare Part B for six months or less or had reached 65 and already had Medicare by reason of disability, were granted an "open enrollment" for Medicare Supplement insurance. This means that by applying in this time period the beneficiary is guaranteed accepted for any Medigap plan that any company sells. The company cannot deny the coverage due to any health condition.

This change allows an open enrollment for Medigap insurance to anyone acquiring Medicare Part B, regardless of age. The open enrollment period is the first six months that Medicare Part B is effective. This is particularly important to those individuals acquiring Medicare under the age of 65. With this regulation change, these Medicare beneficiaries have the same right to Medigap open enrollment as those who acquire Medicare by reason of turning 65.

Medicare Select

Medicare SELECT is now available in most areas of the state. Medicare SELECT is another alternative to Medicare beneficiaries in covering the gaps that Medicare does not pay. Medicare SELECT is the same as standard Medigap insurance in nearly all respects. If you buy a Medicare SELECT policy, you are buying a standard Medigap plan (see page 5). **In Louisiana, the only difference between Medicare SELECT and standard Medigap insurance is that each insurer has specific hospitals (preferred providers) that you must use, except in an emergency, in order to be eligible for full benefits.** Medicare SELECT policies have lower premiums than standard Medigap plans for this reason.

When you go to the insurer's "preferred providers," Medicare pays its share of approved charges and the insurer is responsible for the full supplemental benefits provided for in the policy. In general, **Medicare SELECT policies are not required to pay any benefits if you do not use a preferred provider for non-emergency services.** Medicare, however, will still pay its share of approved charges regardless of the provider you choose.

There are many companies licensed to sell Medicare SELECT policies in Louisiana. If you are interested in purchasing a Medicare SELECT policy to replace your existing Medicare supplement policy, begin your search by asking your producer (agent) if your current insurer offers Medicare SELECT policies.

State and Federal Regulation Guarantees Medigap to Medicare Beneficiaries

A change in federal and state regulation guarantees acceptance into Medicare Supplement insurance (Medigap), in addition to the regular open enrollment period, if a Medicare beneficiary qualifies in one of six categories. In each case, the Medicare beneficiary has 63 days from the date of loss of coverage to take advantage of this guaranteed access to Medicare Supplement insurance. In addition, no insurer may impose a pre-existing waiting period.

CATEGORY 1:

If a Medicare beneficiary is enrolled in an employer-sponsored plan, whether primary or secondary to Medicare, and the plan terminates or ceases to provide benefits, or the beneficiary voluntarily leaves the plan,

Then the Medicare beneficiary is entitled to Medigap plans A, B, C, F, K or L with any company selling these plans.

CATEGORY 2:

If a Medicare beneficiary is enrolled in a Medicare Health Plan (e.g., a Medicare HMO, PPO or PFFS) and

- The plan's certification is terminated, or
- The Plan ceases to provide all services, or
- The Enrollee moves out of the service area, or
- The plan violates the contract, misrepresents during marketing, or
- There are other circumstances as determined by the HHS Secretary,

and then the Medicare beneficiary is entitled to Medigap plans A, B, C, F, K, or L with any company selling these plans.

CATEGORY 3:

If a Medicare beneficiary is enrolled in a Medicare Health Plan (e.g., a Medicare HMO, PPO or PFFS), Demonstration, HCPP, or select plan, and

- The plan's certification is terminated, or
- The Plan ceases to provide all services, or
- The Enrollee moves out of the service area, or
- The plan violates the contract, misrepresents during marketing, or
- There are other circumstances as determined by the HHS Secretary,

Then the Medicare beneficiary is entitled to Medigap plans A, B, C, F, K or L with any company selling these plans.

CATEGORY 4:

If a Medicare beneficiary is enrolled in a Medigap policy and any of the following occur:

- The Insurer becomes insolvent or bankrupt, or
- There is involuntary termination of coverage or enrollment, or
- There is material violation of the policy, or
- Material misrepresentation during marketing,

Then the Medicare beneficiary is entitled to Medigap plans A, B, C, F, K or L with any company selling these plans.

CATEGORY 5:

If a Medicare beneficiary is enrolled in a Medigap policy and terminates it and enrolls for the first time in a Medicare Health Plan (e.g., a Medicare HMO), Demonstration, HCPP, or Select plan, and

- Disenrolls from the chosen coverage within the first 12 months as permitted under federal law, then the Medicare beneficiary is entitled to his/her prior Medigap plan if it is still available or, if it

is not available, Medigap plans A, B, C, F, K or L with any company selling these plans.

CATEGORY 6:

If an individual is eligible for Medicare Part A and enrolled in Medicare Part B for the first time, and

- Enrolls in a Medicare Health Plan (e.g., a Medicare HMO), and
- Disenrolls within the first 12 months after enrollment as permitted by federal law,

Then the Medicare beneficiary is entitled to any Medigap plan sold by any insurer.

The Louisiana Department of Insurance is committed to seeing that your rights are upheld in all circumstances pertaining to guaranteed acceptance into Medicare HMOs, Medicare Supplement or Medicare Select insurance. If you believe you fall into one of these categories and have been denied a policy, contact SHIP or Consumer Affairs at

1-800-259-5301
Statewide
or
(225) 342-5301
In the Baton Rouge Area

Louisiana Department of Insurance
www.lti.state.la.us
Jim Donelon, Commissioner

Factors to Consider When Comparing Medicare Supplement Policies

(Source: Adapted from “Making Your Medigap Decision” at <http://hiicap.state.ny.us/mgap/mgap06.htm>)

When describing the benefits of their Medicare supplemental plans, all insurers are required to use the same format, language, and definitions. They are also required to use a uniform chart and outline of coverage to summarize the benefits of the plans they offer. These requirements make it easier for you to compare policies from different insurers. As you shop for a policy, you should keep in mind that each company's products are alike, so they are competing based on their price, service, and reputation.

- ♦ **Price** – While the benefits are identical for all Medicare supplemental plans of the same type, the premiums vary from one company to another and from area to area. The plan with the lowest price is not necessarily the best plan. The price should not be the only concern. You may prefer a particular schedule of payments. Some companies bill the premium each month, while others bill each quarter or once a year. In addition, prices are based in part on the services a company provides and on their reputation. These are important factors in the decision to purchase a Medicare supplemental policy.
- ♦ **Customer Services** – You should ask about the insurer's customer services. For example, some companies link their computers to the computers at the federal Medicare office to process your health insurance claims without additional paperwork. This is called Medicare Crossover (see pages 11 and 16). This and other available customer services may be important considerations in making a decision.
- ♦ **Reputation** – You should consider the reputation of the insurer before buying a policy. Find out about the company by asking for referrals and by talking to others about their experiences.

Take your time in making a choice. Choosing a plan and insurer is a major decision. Make sure you understand the choices, the responsibilities, and the consequences of the decision.

Insurance Companies' Approved Policy Specifics

- ◆ This section attempts to summarize the benefits of the Medicare supplement policies that have been approved by the Louisiana Department of Insurance. The Senior Health Insurance Information Program obtained the information herein from insurers licensed to do business in Louisiana through responses from a survey. The staff of the Senior Health Insurance Information Program compiled the information requested.
- ◆ In addition, please be advised that some new policies may have entered the marketplace since this publication was printed and will not be included.
- ◆ Don't be alarmed if your Medicare supplement policy does not appear in this publication. If you bought a policy before July 20, 1992, it is no longer available to first time buyers. However, you may choose to keep your old policy as long as you pay the premiums.
- ◆ Publication of this guide is for information purposes only. Please refer to the policy itself for the complete and actual terms of coverage since the policy constitutes the contract between the insurer and the insured and will ultimately be the basis of final determinations.
- ◆ The premiums in this guide reflect the rates that were approved for use at the time of printing. Every attempt is made to keep premium information up to date. Exact premiums should be verified from the company or producer prior to purchase.
- ◆ Only annual premiums are listed. If another mode of payment is selected (e.g., monthly, quarterly, etc.), the premium will usually be higher.
- ◆ Inclusion of information in this guide regarding a policy does not in any way constitute an endorsement of the policy or company by the Louisiana Department of Insurance.
- ◆ Definitions of the ratings of A. M. Best, a nationally known service that grades companies according to their financial stability, are explained beginning on page 65.

Please remember ALL companies MUST offer ALL available plans to Medicare beneficiaries the first 6 months Medicare Part B is effective **REGARDLESS OF AGE**. This includes Medicare beneficiaries due to disability, ALS and End Stage Renal Disease (e.g. kidney failure). See page 17 for more information about benefits for Beneficiaries under age 65.

NOTE: Annual premiums are shown. To determine monthly premium, please divide listed figure by 12 appropriately.

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA (ROME, GA)
2999 N. 44TH STREET, SUITE 250 (MARKETING ADDRESS)
PHOENIX, AZ 85010
1-800-321-0102

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, E, F & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$20.00

MEDICARE CROSSOVER: Yes A. M. BEST RATING: NR-2

ANNUAL PREMIUMS – Attained Age
 PREFERRED PREMIUMS / Non-Smoker
 Zip Code Areas: 700-704, 707, 708

AGE	A		B		C		D		E		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1819	1583	2292	1993	2501	2174	2315	2013	2335	2031	2538	2207	2332	2028
65	1060	921	1335	1161	1522	1323	1349	1173	1361	1183	1579	1374	1358	1181
70	1326	1152	1670	1452	1871	1627	1686	1467	1701	1480	1923	1672	1698	1477
75	1549	1347	1952	1697	2159	1878	1971	1714	1988	1729	2211	1923	1985	1726
80	1706	1483	2150	1869	2361	2053	2171	1887	2189	1904	2390	2079	2186	1901
85+	1819	1583	2292	1993	2501	2174	2315	2013	2335	2031	2538	2207	2332	2028

PREFERRED PREMIUMS
 Zip Code Areas: All Other Zip Code Areas

AGE	A		B		C		D		E		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1598	1390	2013	1751	2197	1910	2034	1768	2051	1784	2230	1939	2048	1781
65	932	809	1173	1020	1337	1162	1185	1030	1196	1040	1387	1207	1193	1038
70	1165	1012	1467	1276	1644	1430	1481	1289	1495	1300	1689	1469	1492	1297
75	1361	1183	1715	1491	1897	1650	1731	1506	1747	1519	1942	1689	1744	1516
80	1498	1303	1888	1642	2075	1804	1907	1658	1923	1672	2100	1826	1920	1670
85+	1598	1390	2013	1751	2197	1910	2034	1768	2051	1784	2230	1939	2048	1781

STANDARD PREMIUMS / Smoker
 Zip Code Areas: 700-704, 707, 708

AGE	A		B		C		D		E		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2021	1758	2548	2215	2779	2416	2572	2236	2595	2257	2821	2452	2590	2252
65	1178	1024	1484	1290	1691	1470	1499	1303	1512	1315	1755	1526	1510	1313
70	1472	1281	1855	1614	2080	1808	1874	1630	1891	1644	2137	1858	1887	1641
75	1722	1497	2169	1886	2399	2087	2190	1905	2210	1921	2457	2136	2205	1917
80	1895	1648	2388	2077	2624	2281	2412	2097	2433	2115	2656	2309	2429	2112
85+	2021	1758	2548	2215	2779	2416	2572	2236	2595	2257	2821	2452	2590	2252

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA (ROME, GA)
(Continued)

STANDARD PREMIUMS
Zip Code Areas: All Other Zip Code Areas

AGE	A		B		C		D		E		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1776	1544	2238	1946	2441	2123	2260	1965	2280	1982	2478	2154	2276	1979
65	1035	900	1304	1134	1485	1292	1317	1145	1328	1155	1542	1340	1326	1153
70	1293	1125	1630	1418	1827	1589	1646	1432	1661	1444	1877	1632	1658	1442
75	1512	1315	1905	1657	2107	1833	1924	1673	1941	1687	2158	1876	1937	1684
80	1665	1448	2098	1825	2305	2004	2119	1842	2138	1858	2333	2029	2134	1856
85+	1776	1544	2238	1946	2441	2123	2260	1965	2280	1982	2478	2154	2276	1979

AMERICAN PIONEER LIFE INSURANCE COMPANY
1001 HEATHROW PARK LANE
LAKE MARY, FL 32746
1-800-538-1053

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, F & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: \$25

www.amerpion.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 703, 707 & 708

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2747	2392	4068	3538	4817	4192	4287	3730	4995	4349	3731	3244
65	1895	1649	2679	2333	3313	2887	2813	2448	3437	2993	2118	1842
70	2215	2215	3165	2756	3828	3331	3331	2895	3973	3455	2604	2265
75	2543	2215	3701	3218	4408	3840	3893	3390	4577	3982	3071	2671
80	2747	2392	4068	3538	4817	4192	4287	3730	4995	4349	3437	2989
85+	2860	2490	4296	3742	5083	4426	4536	3949	5267	4586	3731	3244

Zip Code Areas: 700, 701

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	3160	2751	4678	4069	5539	4821	4930	4290	5744	5001	4290	3730
65	2179	1896	3081	2683	3810	3320	3234	2816	3953	3442	2436	2118
70	2547	2215	3640	3170	4402	3830	3830	3330	4569	3973	2994	2605
75	2925	2547	4256	3701	5070	4416	4477	3898	5264	4579	3532	3072
80	3160	2751	4678	4069	5539	4821	4930	4290	5744	5001	3953	3438
85+	3289	2863	4940	4304	5846	5090	5216	4542	6057	5274	4290	3730

Zip Code Areas: 704, 705

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2885	2512	4271	3715	5058	4402	4501	3917	5244	4567	3917	3406
65	1990	1732	2813	2450	3479	3031	2953	2571	3609	3143	2224	1934
70	2325	2024	3323	2894	4019	3497	3497	3040	4172	3628	2734	2378
75	2670	2325	3886	3379	4629	4032	4088	3559	4806	4181	3225	2805
80	2885	2512	4271	3715	5058	4402	4501	3917	5244	4567	3609	3139
85+	3003	2614	4511	3929	5338	4647	4762	4147	5530	4815	3917	3406

AMERICAN PIONEER LIFE INSURANCE COMPANY
(Continued)

Zip Code Areas: All Other Zip Code Areas

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2473	2153	3661	3184	4335	3773	3858	3357	4495	3914	3357	2919
65	1705	1484	2411	2100	2982	2598	2531	2204	3094	2694	1906	1658
70	1993	1735	2848	2481	3445	2998	2998	2606	3576	3110	2343	2038
75	2289	1993	3331	2896	3968	3456	3504	3051	4119	3584	2764	2404
80	2473	2153	3661	3184	4335	3773	3858	3357	4495	3914	3094	2690
85+	2574	2241	3866	3368	4575	3983	4082	3554	4740	4127	3357	2919

* Non-Tobacco Premiums listed.

BANKERS FIDELITY LIFE INSURANCE COMPANY
4370 PEACHTREE ROAD, NORTHEAST
ATLANTA, GA 30319-3000
1-800-241-1439

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, F, F* & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

www.bflic.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

ANNUAL PREMIUMS – Issue Age for both Male and Female
STANDARD AND PREFERRED (NON-TOBACCO) PREMIUMS

Zip Code Areas: 707-708, 710-711

PLAN	A		B		C		D		F		F*		G	
AGE	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.
Under 65	N/A	3414	N/A	5435	N/A	5079	N/A	4071	N/A	4241	N/A	2544	N/A	4132
65	1663	1379	2986	1766	3650	2868	2093	1736	3148	2466	1888	1480	1467	1047
70	1875	1496	3351	1931	3935	3104	2345	1906	3394	2659	2036	1596	1583	1131
75	2023	1543	3790	2127	4419	3565	2647	2091	3805	2877	2284	1725	1820	1300
80	2144	1585	3995	2269	4649	3838	2877	2305	3995	3040	2396	1826	1961	1401
85+	2144	1585	3995	2384	4676	3991	2924	2455	4023	3180	2414	1907	2040	1457

Zip Code Areas: 700 – 702

PLAN	A		B		C		D		F		F*		G	
AGE	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.
Under 65	N/A	3724	N/A	5931	N/A	5542	N/A	4443	N/A	4628	N/A	2777	N/A	4510
65	1811	1379	3254	1917	3983	3129	2281	1892	3435	2687	2061	1613	1630	1163
70	2042	1496	3651	2105	4293	3383	2557	2077	3700	2900	2221	1740	1759	1257
75	2208	1543	4139	2321	4820	3890	2887	2279	4150	3136	2491	1882	2022	1444
80	2340	1585	4359	2477	5068	4186	3139	2511	4360	3320	2615	1992	2179	1557
85+	2340	1585	4359	2599	5099	4355	3186	2676	4389	3467	2634	2079	2267	1619

All Other Zip Code Areas

PLAN	A		B		C		D		F		F*		G	
AGE	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.
Under 65	N/A	3103	N/A	4941	N/A	4617	N/A	3702	N/A	3856	N/A	2313	N/A	3758
65	1511	1379	2710	1599	3318	2608	1901	1578	2861	2240	1718	1345	1320	942
70	1703	1496	3045	1753	3578	2819	2131	1733	3084	2416	1851	1451	1425	1018
75	1839	1543	3449	1934	4016	3241	2406	1902	3461	2616	2076	1570	1638	1170
80	1949	1585	3631	2065	4223	3486	2615	2094	3633	2767	2180	1661	1765	1261
85+	1949	1585	3631	2166	4254	3633	2657	2231	3658	2891	2195	1736	1836	1311

*Indicates High Deductible Plan available.

Preferred Non-Tobacco Underwriting Listed Above

**BANKERS FIDELITY LIFE INSURANCE COMPANY
(Continued)**

Tobacco Underwriting Listed Below

Zip Code Areas: 707-708, 710-711

AGE	A	B	C	D	F	*F	G
Under 65	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	1585	2021	3299	1977	2834	1702	1204
70	1720	2220	3568	2192	3058	1834	1301
75	1775	2446	4101	2403	3308	1984	1495
80	1824	2611	4415	2649	3498	2100	1611
85+	1824	2741	4589	2822	3656	2193	1675

Zip Code Areas: 700 – 702

AGE	A	B	C	D	F	*F	G
Under 65	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	1585	2203	3598	2178	3091	1856	1338
70	1720	2421	3890	2389	3334	2001	1446
75	1775	2670	4473	2621	3606	2165	1661
80	1824	2849	4815	2888	3817	2290	1790
85+	1824	2991	5008	3077	3988	2394	1861

All Other Zip Code Areas

AGE	A	B	C	D	F	*F	G
Under 65	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	1585	1839	3000	1814	2578	1547	1083
70	1720	2016	3241	1993	2779	1668	1171
75	1775	2224	3728	2186	3009	1804	1346
80	1824	2375	4010	2409	3181	1910	1450
85+	1824	2490	4176	2566	3325	1994	1508

**BANKERS LIFE AND CASUALTY COMPANY
222 MERCHANDISE MART PLAZA
CHICAGO, IL 60654
1-800-621-3734**

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, F, G, J, K, L

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

www.bankerslife.com

MEDICARE CROSSOVER: No

A. M. BEST RATING: B+

*ANNUAL PREMIUMS – Attained Age for both Male and Female

Zip Code Areas: 700-701, 703-704

AGE	A	B	C	D	E	F	G	J	K	L
Under 65	3187	4305	5484	4007	4441	3487	3979	3760	1783	2426
65	2027	2468	3103	2172	2491	1924	2099	1979	938	1277
70	2302	2915	3668	2604	2962	2338	2584	2442	1157	1575
75	2690	3522	4448	3205	3601	2849	3198	3015	1430	1946
80	3187	4305	5484	4007	4441	3487	3979	3760	1783	2426
85+	3187	4305	5484	4007	4441	3487	3979	3760	1783	2426

All other Zip Codes

AGE	A	B	C	D	E	F	G	J	K	L
Under 65	2798	3773	4795	3504	3883	3050	3477	3290	1560	2123
65	1779	2163	2714	1899	2179	1683	1833	1731	821	1117
70	2021	2554	3207	2277	2590	2044	2258	2136	1013	1378
75	2361	3086	3890	2803	3149	2492	2794	2638	1251	1702
80	2798	3773	4795	3504	3883	3050	3477	3290	1560	2123
85+	2798	3773	4795	3504	3888	3050	3477	3290	1560	2123

* Non-Tobacco Premiums listed.

BLUE CROSS/BLUE SHIELD OF LOUISIANA
P. O. BOX 98029
BATON ROUGE, LA 70809-9029
(225) 295-3307
1-800-258-3365

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, *B, *C, & *F

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

www.bcbsla.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

****ANNUAL PREMIUMS – Attained Age**

AREA 1: All parishes except those in Area 2
and only Grand Isle in Jefferson Parish

AGE	A	B	*B	C	*C	F	*F
Under 65	2063	2759	1693	3031	2250	3050	2329
65	1162	1514	932	1651	1229	1664	1265
70	1362	1795	1105	1958	1458	1973	1502
75	1532	2039	1255	2233	1660	2254	1716
80	1583	2112	1298	2318	1726	2336	1778
85+	1624	2171	1336	2387	1774	2400	1829

AREA 2: Jefferson (except Grand Isle), Orleans, Plaquemines,
St. Bernard, St. Charles, St. Tammany, and Washington

AGE	A	B	*B	C	*C	F	*F
Under 65	2382	3188	1956	3499	2599	3526	2690
65	1343	1751	1078	1908	1420	1922	1463
70	1572	2072	1276	2262	1682	2280	1736
75	1768	2358	1451	2578	1920	2602	1982
80	1828	2437	1501	2674	1991	2696	2053
85+	1873	2509	1542	2753	2050	2776	2112

***Indicates Select Plans available.**

**** Non-Tobacco Premiums listed.**

(See page 17 for explanation of Medicare SELECT)

CENTRAL RESERVE LIFE INSURANCE COMPANY
6201 Johnson Drive
P. O. BOX 29190
MISSION, KS 66201-9190
1- 877-291-5434

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, C, D, E, F, **F, G, H, I, & J

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: \$25.00

www.centralreserve.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

*ANNUAL PREMIUMS – Attained Age
 Zip Code Areas: 700-701

AGE	A		C		D		E		F	
	M	F	M	F	M	F	M	F	M	F
Under 65	5408	4702	6731	5854	5280	4590	3902	3393	6560	5705
65	3552	3089	4417	3841	3464	3012	2574	2240	4309	3748
70	3974	3456	4952	4305	3879	3372	2877	2502	4825	4196
75	4583	3985	5697	4953	4469	3885	3308	2877	5557	4832
80	5017	4362	6245	5430	4898	4259	3622	3150	6086	5292
85+	5408	4702	6731	5854	5280	4590	3902	3393	6560	5705

AGE	*F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F
Under 65	1889	1643	5320	4626	3197	2780	3848	3347	4024	3501
65	1238	1077	3494	3039	2109	1835	2527	2196	2645	2300
70	1386	1206	3910	3399	2356	2049	2827	2458	2961	2574
75	1598	1389	4510	3914	2709	2356	3254	2830	3410	2965
80	1751	1523	4933	4289	2966	2580	3567	3101	3734	3248
85+	1889	1643	5320	4626	3197	2780	3848	3347	4024	3501

Zip Code Areas: 703-704

AGE	A		C		D		E		F	
	M	F	M	F	M	F	M	F	M	F
Under 65	5008	4354	6233	5420	4889	4250	3613	3141	6074	5283
65	3289	2860	4090	3556	3208	2789	2384	2074	3990	3470
70	3680	3200	4585	3986	3591	3123	2664	2316	4468	3885
75	4244	3690	5275	4586	4138	3598	3063	2664	5145	4474
80	4645	4039	5783	5028	4535	3944	3354	2916	5635	4900
85+	5008	4354	6233	5420	4889	4250	3613	3141	6074	5283

* Non-Tobacco Premiums listed.

CENTRAL RESERVE LIFE INSURANCE COMPANY
(Continued)

Zip Code Areas: 703-704, cont.

AGE	*F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F
> 65	1749	1521	4926	4284	2960	2574	3563	3099	3726	3241
65	1146	998	3235	2814	1953	1699	2340	2034	2449	2130
70	1284	1116	3620	3148	2181	1898	2618	2276	2741	2384
75	1480	1286	4168	3624	2509	2181	3013	2620	3158	2745
80	1621	1410	4568	3971	2746	2389	3303	2871	3458	3008
85+	1749	1521	4926	4284	2960	2574	3563	2099	3726	3241

Zip Code Areas: 705-708; 710-714

AGE	A		C		D		E		F	
	M	F	M	F	M	F	M	F	M	F
> 65	4006	3483	4986	4336	3911	3400	2890	2513	4859	4226
65	2631	2288	3272	2845	2566	2231	1907	1659	3192	2776
70	2944	2560	3668	3189	2873	2498	2131	1853	3574	3108
75	3395	2952	4220	3669	3310	2878	2450	2131	4116	3579
80	3716	3231	4626	4022	3628	3155	2683	2333	4508	3920
85+	4006	3483	4986	4336	3911	3400	2890	2513	4859	4226

AGE	*F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F
> 65	1399	1217	3941	3427	2368	2059	2850	2479	2981	2593
65	917	798	2588	2251	1562	1359	1872	1627	1959	1704
70	1027	893	2896	2518	1745	1518	2094	1821	2193	1907
75	1184	1029	3334	2899	2007	1745	2410	2096	2526	2196
80	1297	1128	3654	3177	2197	1911	2642	2297	2766	2406
85+	1399	1217	3941	3427	2368	2059	2850	2479	2981	2593

**Indicates High Deductible Plan available.

COMBINED INSURANCE CO. OF AMERICA
5050 BROADWAY
CHICAGO, IL 60640
1-800-544-5531

STANDARD PLANS MARKETING BY PRODUCERS AND DIRECT RESPONSE IN 2008:
A, B, C, D, F, *F

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

www.combinedinsurance.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A

**ANNUAL PREMIUMS- Attained Age and Issue Age for both Male and Female

Zip Code Areas: All of Louisiana

AGE	A	B	C	D	F	*F
Under 65	2904	3704	3897	4057	3984	1570
65	1907	2417	2543	2135	2598	826
70	2005	2562	2696	2135	2738	1049
75	2372	3041	3199	2786	3254	1288
80	2689	3429	3608	3166	3687	1511
81+	2904	3704	3897	4057	3984	1603

* Indicates High Deductible Plan available.

** Non-Tobacco Premiums listed.

Plan D and High Deductible Plan F have tobacco/non-tobacco rates. There is a 10% discount if the Insured has another Senior Health policy with Combined Insurance Company of America.

CONSTITUTION LIFE INSURANCE COMPANY
1001 HEATHROW PARK LANE, SUITE 5001
LAKE MARY, FL 32746
1-800-789-6364

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, F

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: \$25

www.constitutionlife.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 703, 706-708

AGE	A		B		C		D		F	
	M	F	M	F	M	F	M	F	M	F
Under 65	2167	1885	2967	2583	3472	3021	3156	2748	3576	3112
65	1393	1213	1844	1605	2232	1942	2035	1695	2300	2002
70	1659	1444	2211	1924	2632	2290	2035	2035	2712	2360
75	1953	1699	2635	2294	3099	2697	2432	2432	3194	2780
80	2167	1885	2967	2583	3472	3021	2748	2748	3576	3112
85+	2294	1996	3192	2779	3729	3246	2964	2964	3840	3342

Zip Code Areas: 700-701, 704

AGE	A		B		C		D		F	
	M	F	M	F	M	F	M	F	M	F
Under 65	2383	2073	3264	2842	3819	3323	3023	3023	3934	3424
65	1533	1334	2029	1766	2455	2136	1864	1864	2530	2202
70	1825	1588	2432	2116	2895	2519	2238	2238	2983	2596
75	2149	1869	2899	2523	3409	2967	2675	2675	3513	3058
80	2383	2073	3264	2842	3819	3323	3023	3023	3934	3424
85+	2523	2195	3511	3057	4102	3570	3261	3261	4224	3676

Zip Code Areas: All Other Zip Code Areas

AGE	A		B		C		D		F	
	M	F	M	F	M	F	M	F	M	F
Under 65	1950	1696	2671	2325	3125	2719	2473	2473	3219	2801
65	1254	1091	1660	1445	2009	1748	1525	1525	2070	1802
70	1493	1299	1989	1732	2369	2061	1831	1831	2441	2124
75	1758	1529	2372	2064	2789	2428	2189	2189	2874	2502
80	1950	1696	2671	2325	3125	2719	2473	2473	3219	2801
85+	2064	1796	2873	2501	3356	2921	2668	2668	3456	3008

***Non-Tobacco Premiums listed.**

CONTINENTAL GENERAL INSURANCE COMPANY
6201 JOHNSON DRIVE
MISSION, KS 66202
1-877-291-5434

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, E, F, F*, G, H & J
 MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$25.00

www.continentalgeneral.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

**ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 700-701, 704

AGE	A		B		C		D		E		F		G		H		J	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	7913	7097	7267	6518	7471	6700	6110	5480	5466	4902	6644	5959	5806	5207	3777	3387	4757	4266
65	3942	3536	3617	3244	3719	3336	3044	2730	2723	2442	3310	2969	2889	2591	2046	1835	2565	2300
70	4770	4278	4379	3927	4507	4042	3682	3302	3293	2954	4008	3595	3501	3140	2285	2049	2871	2574
75	5502	4934	5044	4524	5187	4652	4243	3806	3795	3403	4615	4139	4030	3614	2627	2356	3306	2965
80	6023	5401	5527	4957	5687	5100	4651	4172	4161	3731	5056	4535	4416	3961	2877	2580	3622	3248
85	6492	5823	5961	5346	6128	5496	5012	4496	4483	4020	5451	4888	4763	4271	3099	2780	3903	3501
90+	6924	6210	6358	5702	6536	5862	5345	4794	4782	4289	5813	5214	5080	4556	3306	2965	4162	3733

Zip Code Areas: 703

AGE	A		B		C		D		E		F		G		H		J	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	7327	6571	6729	6035	6917	6204	5657	5074	5061	4539	6152	5518	5376	4821	3497	3136	4404	3950
65	3650	3274	3349	3004	3444	3089	2818	2528	2521	2261	3065	2749	2675	2399	1894	1699	2375	2130
70	4417	3961	4054	3636	4173	3743	3409	3058	3050	2735	3712	3329	3242	2908	2116	1898	2658	2384
75	5094	4569	4670	4189	4803	4308	3929	3524	3514	3151	4273	3833	3731	3346	2432	2181	3061	2745
80	5576	5001	5118	4590	5266	4723	4307	3863	3852	3455	4682	4199	4089	3668	2663	2389	3353	3008
85	6011	5391	5519	4950	5674	5089	4641	4163	4151	3723	5047	4526	4410	3955	2870	2574	3614	3241
90+	6411	5750	5887	5280	6052	5428	4949	4439	4428	3971	5383	4828	4704	4219	3061	2745	3854	3456

Zip Code Areas: 705-708

AGE	A		B		C		D		E		F		G		H		J	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	7034	6308	6460	5794	6640	5956	5431	4871	4858	4357	5906	5297	5161	4628	3357	3011	4228	3792
65	3504	3143	3215	2884	3306	2965	2705	2426	2420	2171	2942	2639	2568	2303	1818	1631	2280	2045
70	4240	3803	3892	3491	4006	3593	3273	2935	2928	2626	3563	3196	3112	2791	2031	1822	2552	2288
75	4890	4386	4484	4021	4611	4135	3772	3383	3373	3025	4102	3679	3582	3212	2335	2094	2938	2635
80	5353	4801	4913	4406	5055	4534	4134	3708	3698	3317	4494	4031	3926	3521	2557	2293	3219	2887
85	5771	5176	5298	4752	5447	4885	4456	3996	3985	3574	4845	4345	4233	3797	2755	2471	3469	3112
90+	6155	5520	5652	5069	5810	5210	4751	4261	4251	3812	5167	4634	4516	4050	2938	2635	3700	3318

* Indicates High Deductible available.

CONTINENTAL GENERAL INSURANCE COMPANY
(Continued)

Zip Code Areas: 710-714

AGE	A		B		C		D		E		F		G		H		J	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	6448	5783	5922	5311	6087	5459	4978	4465	4453	3994	5414	4855	4731	4243	3077	2760	3876	3476
65	3212	2881	2947	2643	3031	2718	2480	2224	2219	1990	2697	2419	2354	2111	1667	1495	2090	1874
70	3887	3486	3568	3200	3672	3293	3000	2691	2684	2407	3266	2929	2853	2559	1862	1670	2339	2098
75	4483	4021	4110	3686	4227	3791	3458	3101	3092	2773	3760	3373	3283	2945	2140	1920	2693	2416
80	4907	4401	4504	4039	4634	4156	3790	3399	3390	3040	4120	3695	3599	3227	2344	2102	2951	2647
85	5290	4744	4857	4356	4993	4478	4084	3663	3653	3276	4441	3983	3881	3480	2525	2265	3180	2852
90+	5642	5060	5181	4646	5325	4776	4355	3906	3897	3495	4737	4248	4139	3713	2693	2416	3391	3042

	High Deductible Plan F							
	700-701, 704		703		705-708		710-714	
	M	F	M	F	M	F	M	F
Under 65	1454	1304	1346	1208	1293	1159	1185	1063
65	724	649	670	601	644	577	590	529
70	876	786	811	728	779	698	714	640
70	1010	906	935	839	898	805	823	738
70	1106	992	1024	919	983	882	901	809
85	1194	1071	1105	991	1061	952	973	872
90+	1272	1141	1178	1056	1131	1014	1036	930

**** Non-Tobacco Premiums listed.**

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD TENNESSEE
101 CONTINENTAL PLACE
BRENTWOOD, TENNESSEE 37027
1-800-264-4000

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, E, F, & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 3 Months

POLICY FEE: \$20.00

www.cont-life.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 700-702, 706-709

AGE	A		B		C		D		E		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2714	2360	3479	3026	3806	3308	3012	2621	3193	2777	3845	3343	3194	2778
65	1784	1549	2156	1718	2440	2122	1859	1618	1975	1718	2473	2152	1981	1722
70	2005	1742	2458	2135	2738	2381	2113	1837	2243	1950	2772	2411	2250	1956
75	2342	2035	2892	2514	3194	2777	2498	2172	2652	2306	3235	2809	2657	2310
80	2568	2230	3238	2813	3551	3088	2798	2435	2965	2579	3590	3120	2971	2581
85+	2714	2360	3479	3026	3806	3308	3012	2621	3193	2777	3845	3343	3194	2778

Zip Code Areas: All Other Zip Codes

AGE	A		B		C		D		E		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2488	2164	3189	2744	3489	3033	2761	2402	2927	2545	3524	3065	2928	2547
65	1636	1420	1977	1718	2236	1945	1704	1483	1811	1575	2261	1972	1816	1579
70	1838	1597	2253	1957	2510	2182	1937	1684	2056	1788	2541	2210	2063	1793
75	2147	1866	2651	2305	2928	2545	2290	1991	2431	2114	2966	2575	2435	2118
80	2354	2044	2968	2578	3255	2830	2565	2232	2718	2364	3291	2860	2724	2366
85+	2488	2164	3189	2774	3489	3033	2761	2402	2927	2545	3524	3065	2928	2547

Medicare Select Policies offered for the following Parishes: Acadia, Bossier, Caddo, Calcasieu, Caldwell, Concordia, DeSoto, East Baton Rouge, Evangeline, Iberia, Jefferson, Lafayette, Lafourche, Orleans, Quachita, Rapides, St. Bernard, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Terrebonne, Washington, and Webster
 (See page 17 for explanation of Medicare SELECT)

***Non-Tobacco Premiums listed.**

EQUITABLE LIFE & CASUALTY INSURANCE COMPANY
3 TRIAD CENTER
SALT LAKE CITY, UT 84180-1200
1-800-352-5120

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A thru J

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

www.equilife.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 700,701, & 704

AGE	A	B	C	D	E	F	G	H	I	J
Under 65	8133	16184	20106	16674	16501	21551	17806	16411	16718	21696
65	1796	3127	3606	2944	2951	3509	3037	2893	2972	3595
70	2123	3731	4357	3620	3589	4244	3712	3523	3638	4343
75	2379	4267	5124	4342	4227	4993	4431	4161	4366	5114
80+	2456	4548	5650	4880	4637	5426	5004	4560	4911	5613

Zip Code Areas: 703, 706-708

AGE	A	B	C	D	E	F	G	H	I	J
Under 65	6680	13272	16526	13699	13558	17706	14634	13478	13726	17816
65	1482	2574	2958	2427	2426	2886	2490	2375	2444	2951
70	1744	3061	3580	2971	2951	3485	3047	2895	2990	3569
75	1957	3505	4211	3567	3475	4102	3644	3415	3588	4204
80+	2017	3731	4643	4010	3810	4457	4112	3745	4032	4610

All Other Zip Code Areas

AGE	A	B	C	D	E	F	G	H	I	J
Under 65	6098	12133	15081	12506	12365	16156	13351	12308	12538	16271
65	1349	2346	2705	2212	2215	2632	2277	2171	2231	2697
70	1596	2799	3266	2715	2696	3182	2786	2644	2729	3259
75	1780	3203	3843	3260	3171	3748	3325	3122	3275	3836
80+	1843	3409	4237	3661	3475	4067	3752	3419	3683	4209

*Non-Tobacco Premiums listed.

GENWORTH LIFE INSURANCE COMPANY
6620 WEST BROAD ST
RICHMOND, VA 23230-1702
1-888-436-9678

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, E, F, *F & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A+

**ANNUAL PREMIUMS – Attained Age
 Zip Code Areas: 700-704

AGE	A		B		C		D		E		F		*F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2040	1774	2583	2246	3018	2624	2618	2276	2631	2288	3106	2701	1222	1062	2681	2332
65	1285	1118	1548	1346	1864	1621	1552	1349	1560	1356	1921	1670	756	657	1592	1384
70	1515	1319	1838	1600	2182	1897	1846	1605	1855	1613	2250	1955	885	769	1894	1647
75	1764	1534	2166	1884	2544	2212	2182	1896	2193	1906	2622	2280	1031	896	2236	1945
80	1932	1681	2413	2098	2822	2453	2437	2118	2449	2130	2906	2527	1143	993	2497	2173
85+	2040	1774	2583	2246	3018	2624	2618	2276	2631	2288	3106	2701	1222	1062	2681	2332

Zip Code Areas: 705-706, 712

AGE	A		B		C		D		E		F		*F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1766	1535	2236	1944	2612	2271	2265	1969	2277	1980	2688	2337	1058	919	2320	2018
65	1112	968	1339	1165	1613	1403	1343	1167	1350	1174	1662	1445	654	569	1378	1198
70	1311	1141	1590	1384	1888	1642	1598	1389	1606	1396	1947	1692	766	665	1639	1426
75	1526	1328	1875	1631	2201	1914	1888	1641	1898	1650	2269	1973	892	776	1935	1683
80	1672	1454	2088	1815	2442	2123	2109	1833	2120	1843	2515	2187	989	860	2161	1880
85+	1766	1535	2236	1944	2612	2271	2265	1969	2277	1980	2688	2337	1058	919	2320	2018

Zip Code Areas: All Other Zip Code Areas

AGE	A		B		C		D		E		F		*F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1864	1621	2360	2052	2757	2397	2391	2079	2404	2090	2838	2467	1116	970	2449	2130
65	1174	1021	1414	1229	1702	1481	1417	1232	1425	1239	1755	1526	691	600	1454	1264
70	1384	1205	1679	1461	1993	1733	1686	1466	1695	1473	2055	1786	808	702	1730	1505
75	1611	1401	1979	1721	2324	2021	1993	1732	2004	1741	2395	2082	941	819	2043	1777
80	1765	1535	2204	1916	2577	2241	2226	1935	2237	1946	2654	2309	1044	907	2281	1985
85+	1864	1621	2360	2052	2757	2397	2391	2079	2404	2090	2838	2467	1116	970	2449	2130

** Preferred Non-Tobacco Underwriting listed above.

GENWORTH LIFE INSURANCE COMPANY
(Continued)

Tobacco (Standard) Underwriting listed below.

Zip Code Areas: 700-704

AGE	A		B		C		D		E		F		*F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2268	1972	2871	2496	3352	2915	2909	2529	2923	2543	3453	3001	1358	1181	2980	2591
65	1429	1243	1719	1496	2071	1801	1724	1499	1734	1507	2135	1856	840	730	1768	1537
70	1685	1464	2043	1776	2424	2108	2051	1784	2061	1793	2498	2174	983	855	2104	1830
75	1960	1705	2408	2094	2827	2458	2424	2107	2437	2118	2913	2533	1146	997	2486	2161
80	2148	1867	2681	2331	3135	2726	2708	2356	2722	2367	3229	2808	1270	1104	2776	2414
85+	2268	1972	2871	2496	3352	2915	2909	2529	2923	2543	3453	3001	1358	1181	2980	2591

Zip Code Areas: 705-706, 712

AGE	A		B		C		D		E		F		*F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1963	1706	2485	2160	2901	2523	2517	2189	2530	2201	2988	2597	1175	1022	2579	2242
65	1237	1076	1488	1294	1792	1559	1492	1297	1500	1304	1848	1607	727	632	1530	1330
70	1458	1267	1768	1537	2098	1824	1775	1544	1784	1552	2162	1881	851	740	1821	1584
75	1697	1475	2084	1812	2446	2127	2098	1823	2109	1833	2521	2192	992	863	2151	1870
80	1859	1616	2320	2017	2713	2359	2344	2039	2355	2048	2795	2430	1099	956	2402	2089
85+	1963	1706	2485	2160	2901	2523	2517	2189	2530	2201	2988	2597	1175	1022	2579	2242

Zip Code Areas: All Other Zip Code Areas

AGE	A		B		C		D		E		F		*F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2072	1801	2623	2280	3062	2663	2657	2310	2670	2323	3154	2742	1241	1079	2722	2366
65	1305	1135	1570	1366	1891	1645	1575	1369	1584	1377	1950	1696	768	667	1615	1404
70	1539	1338	1866	1623	2214	1926	1873	1629	1883	1638	2282	1986	898	781	1922	1672
75	1791	1557	2199	1912	2582	2245	2214	1925	2226	1935	2661	2314	1047	911	2271	1974
80	1962	1705	2449	2129	2863	2490	2474	2152	2486	2162	2950	2565	1160	1009	2536	2205
85+	2072	1801	2623	2280	3062	2663	2657	2310	2670	2323	3154	2742	1241	1079	2722	2366

* High Deductible Plan F available.

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
P. O. BOX 2440
MCKINNEY, TX 75070
1-800-801-6831

STANDARD PLANS MARKETING BY DIRECT RESPONSE IN 2008: A, B, C, & F

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 60 Days

POLICY FEE: None

www.globecaremedsupp.com

MEDICARE CROSSOVER: Yes

A. M. Best Rating: A+

*ANNUAL PREMIUMS – Attained Age and Issue Age for both Male and Female

All Zip Codes

AGE	A	B	C	F
Under 65	2392	3039	3233	3244
65	955	1485	1645	1659
70	1264	1793	1953	1968
75	1355	2102	2262	2276
80+	1361	2160	2484	2504

*Non-Tobacco Premiums listed.

GOLDEN RULE INSURANCE COMPANY
7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278-1719
1-800-474-4467

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, C, F & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: No

www.goldenrule.com

MEDICARE CROSSOVER: No

A. M. BEST RATING: A

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 705, 713

PLAN	A		C		F		G	
AGE	M	F	M	F	M	F	M	F
Under 65	2958	2684	3308	2996	3146	2846	2571	2334
65	1598	1448	1872	1698	1785	1610	1748	1573
70	1810	1648	2122	1922	2022	1822	1972	1785
75	2110	1910	2459	2234	2334	2110	2284	2072
80	2434	2209	2858	2584	2709	2447	2646	2397
85+	2834	2559	3308	2996	3146	2846	3071	2784

Zip Code Areas: 706-708, 710-712, 714

PLAN	A		C		F		G	
AGE	M	F	M	F	M	F	M	F
Under 65	3099	2812	3465	3138	3295	2982	2694	2445
65	1674	1517	1962	1778	1870	1687	1831	1648
70	1896	1726	2223	2014	2118	1909	2066	1870
75	2210	2001	2576	2341	2445	2210	2393	2171
80	2550	2315	2995	2707	2838	2563	2772	2511
85+	2968	2681	3465	3138	3295	2982	3217	2916

Zip Code Areas: 700, 701, 703, 704

PLAN	A		C		F		G	
AGE	M	F	M	F	M	F	M	F
Under 65	4226	3834	4725	4280	4494	4066	3673	3335
65	2282	2069	2675	2425	2550	2300	2496	2247
70	2586	2354	3031	2746	2889	2603	2817	2550
75	3014	2728	3513	3192	3335	3014	3263	2960
80	3477	3156	4084	3691	3870	3495	3780	3424
85+	4048	3656	4725	4280	4494	4066	4387	3977

* Non-Tobacco Premiums listed.

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025
1-800-338-7452

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, F, & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$20.00

www.gtlic.com

MEDICARE CROSSOVER: No

A. M. BEST RATING: B+

*ANNUAL PREMIUMS – Attained Age for both Male and Female

Zip Code Areas: 700 -701

AGE	A	B	C	D	F	G
Under 65	2171	3504	4629	2963	4850	3370
65	2171	3504	4629	2963	4850	3370
70	2558	4110	5434	3480	5710	3958
75	2940	4707	6229	3991	6561	4533
80	3289	5266	6961	4462	7347	5070
85+	3814	6114	8086	5180	8510	5883

Zip Code Areas: 707 - 708

AGE	A	B	C	D	F	G
Under 65	1990	3211	4248	2714	4454	3089
65	1990	3211	4248	2714	4454	3089
70	2345	3766	4987	3189	5244	3628
75	2695	4313	5717	3657	6025	4155
80	3015	4825	6389	4088	6747	4648
85+	3496	5602	7421	4746	7814	5393

Zip Code Areas: All others

AGE	A	B	C	D	F	G
Under 65	1810	2918	3859	2466	4047	2808
65	1810	2918	3859	2466	4047	2808
70	2132	3422	4530	2897	4765	3298
75	2450	3919	5193	3322	5475	3777
80	2741	4384	5803	3714	6130	4225
85+	3178	5091	6741	4312	7100	4903

* Non-Tobacco Premiums listed.

HUMANA HEALTH BENEFIT PLAN OF LOUISIANA
500 W. MAIN ST.
LOUISVILLE, KY 40202
1-877-866-4077

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, C, F, F*, F**, K & L

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 3 months

POLICY FEE: No

www.humana.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

***ANNUAL PREMIUMS – Attained Age for both Male and Female

Area 1 – All parishes except those in Area 2

AGE	A	C	F	F*	F**	K	L
Under 65	2580	3588	3612	1416	2856	1728	2508
65	1224	1704	1716	672	1356	828	1188
70	1440	2028	2040	804	1620	972	1416
75	1620	2304	2328	912	1848	1116	1608
80	1680	2388	2412	948	1908	1152	1680
85+	1716	2460	2484	972	1968	1188	1728

Area 2 – Jefferson, Orleans, Plaquemines, St. Bernard,
St. Charles, St. Tammany, and Washington

AGE	A	C	F	F*	F**	K	L
Under 65	2976	4140	4164	1632	3300	1992	2892
65	1416	1968	1980	780	1572	948	1380
70	1668	2340	2352	924	1872	1128	1632
75	1872	2664	2688	1056	2136	1284	1860
80	1932	2760	2784	1092	2208	1332	1932
85+	1980	2844	2868	1128	2268	1368	1992

*Indicates High Deductible Plans Available

**Indicates Select Plans Available (See page 17 for explanation of Medicare SELECT)

Select plan available in the following Parishes: Ascension, Assumption, Bienville, Bossier, Caddo, Claiborne, De Soto, Jefferson, Lafourche, Livingston, Natchitoches, Orleans, Plaquemines, Red River, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Tammany, Tangipahoa, Terrebonne, Washington, Webster. (Some areas of a parish may not be within the Plan Service Area.)

***Non-Tobacco Premiums listed.

LINCOLN HERITAGE LIFE INSURANCE COMPANY
4343 E. CAMELBACK ROAD, SUITE 400
PHOENIX, AZ 85210
1-800-287-7319

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, *B, *C, *D, & *F

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$20.00

www.lhlic.com

MEDICARE CROSSOVER: YES

A. M. BEST RATING: A-

**ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 700 - 704

AGE	A		B		C		D		F	
	M	F	M	F	M	F	M	F	M	F
Under 65	3080	2679	4204	3655	4906	4268	4389	3818	5055	4394
65	2030	1766	2636	2295	3163	2750	2725	2370	3258	2835
70	2288	1988	2991	2600	3548	3085	3095	2693	3656	3181
75	2661	2314	3524	3066	4138	3600	3656	3181	4263	3710
80	2918	2538	3926	3413	4586	3989	4086	3554	4726	4111
85+	3080	2679	4204	3655	4906	4268	4389	3818	5055	4394

Zip Code Areas: 706-708, 712-714

AGE	A		B		C		D		F	
	M	F	M	F	M	F	M	F	M	F
Under 65	2464	2143	3363	2924	3925	3414	3511	3054	4044	3515
65	1624	1413	2109	1836	2530	2200	2180	1896	2606	2268
70	1830	1590	2393	2080	2838	2468	2476	2154	2925	2545
75	2129	1851	2819	2453	3310	2880	2925	2545	3410	2968
80	2334	2030	3141	2730	3669	3191	3269	2843	3781	3289
85+	2464	2143	3363	2924	3925	3414	3511	3054	4044	3515

Zip Code Areas: All Others

AGE	A		B		C		D		F	
	M	F	M	F	M	F	M	F	M	F
Under 65	2218	1929	3027	2632	3533	3073	3160	2749	3640	3164
65	1462	1272	1898	1652	2277	1980	1962	1706	2345	2041
70	1647	1431	2154	1872	2544	2221	2228	1939	2633	2291
75	1916	1666	2537	2208	2979	2592	2633	2291	3069	2671
80	2101	1827	2827	2457	3302	2872	2942	2559	3403	2960
85+	2218	1929	3027	2632	3533	3073	3160	2749	3640	3164

*Indicates select plans available.

LINCOLN HERITAGE LIFE INSURANCE COMPANY
(Continued)

Select Plans Available: Acadia, Bossier, Caddo, Calcasieu, Caldwell, Concordia, De Soto, East Baton Rouge, Evangeline, Iberia, Jefferson, Lafayette, Lafourche, Orleans, Ouachita, Rapides, St. Bernard, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Terrebonne, Vermilion, Washington and Webster Parishes.

*SELECT PREMIUMS

Zip Code Areas: 700-704

AGE	B		C		D		F	
	M	F	M	F	M	F	M	F
Under 65	2983	2595	3483	3031	3118	2708	3891	3385
65	1874	1629	2244	1954	1936	1685	2511	2185
70	2124	1848	2518	2191	2198	1911	2814	2449
75	2504	2175	2936	2555	2595	2258	3285	2855
80	2788	2423	3256	2833	2901	2524	3641	3164
85+	2983	2595	3483	3031	3118	2708	3891	3385

Zip Code Areas: 706-708, 712-714

AGE	B		C		D		F	
	M	F	M	F	M	F	M	F
Under 65	2386	2076	2786	2425	2494	2166	3113	2708
65	1499	1303	1795	1563	1549	1348	2009	1748
70	1699	1478	2014	1753	1689	1469	2251	1959
75	2003	1740	2349	2044	2076	1806	2628	2284
80	2230	1938	2605	2266	2321	2019	2913	2531
85+	2386	2076	2786	2425	2494	2166	3113	2708

Zip Code Areas: All Others

AGE	B		C		D		F	
	M	F	M	F	M	F	M	F
Under 65	2147	1868	2507	2183	2245	1949	2802	2437
65	1349	1173	1616	1407	1394	1213	1808	1573
70	1529	1330	1813	1578	1582	1376	2026	1763
75	1803	1566	2114	1840	1868	1625	2365	2056
80	2007	1744	2345	2039	2089	1817	2622	2278
85+	2147	1868	2507	2183	2245	1949	2802	2437

****Non-Tobacco Premiums listed.**

LOYAL AMERICAN LIFE INSURANCE COMPANY
P. O. BOX 559004
AUSTIN, TX 78755-9004
1-800-633-6752

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, F & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: \$25.00

www.gafri.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 706, 710-714

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	3018	2743	4235	3683	4799	4172	4300	3739	4815	4184	4206	3657
65	1564	1421	1509	1312	1710	1486	1532	1332	1716	1491	1499	1303
70	1773	1611	1636	1422	1852	1611	1669	1450	1859	1616	1632	1419
75	2096	1905	1904	1654	2155	1874	2010	1747	2162	1880	1967	1710
80	2314	2104	2242	1949	2539	2208	2456	2136	2547	2215	2402	2089
85+	2392	2175	2632	2288	2939	2555	2908	2528	2948	2564	2844	2474

Zip Code Areas: 703-705, 707-708

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	3467	3151	4489	3903	5067	4405	4561	3965	5085	4421	4460	3877
65	1796	1632	1599	1390	1805	1569	1625	1412	1812	1575	1589	1381
70	2036	1851	1734	1508	1956	1700	1770	1539	1963	1707	1730	1504
75	2407	2188	2016	1754	2276	1979	2131	1854	2284	1986	2084	1812
80	2658	2417	2374	2065	2680	2331	2604	2265	2690	2339	2546	2214
85+	2747	2498	2789	2426	3102	2697	3083	2681	3112	2707	3015	2622

Zip Code Areas: 700-701

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	3931	3573	5376	4676	6016	5228	5460	4748	6035	5247	5344	4645
65	2037	1851	1915	1665	2143	1863	1945	1691	2150	1869	1904	1654
70	2309	2089	2075	1804	2321	2017	2118	1841	2330	2025	2072	1801
75	2730	2481	2414	2099	2699	2348	2550	2219	2709	2355	2495	2169
80	3014	2741	2843	2472	3181	2765	3117	2710	3191	2775	3049	2651
85+	3115	2833	3339	2904	3680	3201	3692	3209	3693	3211	3610	3139

*Non-Tobacco Premiums listed.

LOYAL AMERICAN LIFE INSURANCE COMPANY
(Continued)

MEDICARE **SELECT** POLICIES

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 706, 710-714

AGE	B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F
Under 65	2418	2198	2952	2683	2324	2203	2965	2695	2434	2212
65	1254	1339	1530	1390	1256	1142	1536	1396	1261	1146
70	1428	1298	1742	1584	1431	1301	1750	1591	1438	1307
75	1708	1552	2075	1886	1710	1554	2084	1894	1717	1561
80	1914	1740	2310	2100	1916	1742	2321	2110	1924	1749
85+	2011	1828	2418	2198	2013	1830	2428	2208	2021	1837

Zip Code Areas: 703-705, 707-708

AGE	B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F
Under 65	2777	2525	3391	3083	2784	2531	3406	3096	2796	2542
65	1440	1309	1757	1597	1443	1311	1764	1604	1448	1317
70	1641	1492	2001	1819	1643	1429	2010	1828	1651	1501
75	1962	1783	2383	2166	1964	1786	2394	2176	1973	1794
80	2199	1998	2654	2412	2201	2001	2666	2424	2210	2009
85+	2310	2100	2777	2525	2313	2103	2789	2536	2322	2111

Zip Code Areas: 700-701

AGE	B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F
Under 65	3149	2863	3845	3495	3157	2870	3862	3510	3171	2882
65	1633	1484	1992	1811	1636	1487	2000	1819	1642	1493
70	1860	1691	2269	2063	1863	1694	2280	2072	1873	1702
75	2224	2022	2702	2456	2227	2025	2714	2467	2237	2034
80	2493	2266	3009	2736	2496	2269	3023	2748	2506	2278
85+	2619	2381	3149	2863	2622	2384	3163	2876	2633	2393

Medicare SELECT plans are available in the following parishes: Acadia, Bossier, Caddo, Calcasieu, Jefferson, Lafayette, Lincoln, Orleans, Ouachita, Rapides, Red River, St. Landry, St. Bernard, St. John the Baptist, St. Martin, St. Tammany, Terrebonne, Vermilion, and Webster

MARQUETTE NATIONAL LIFE INSURANCE COMPANY
1001 HEATHROW PARK LANE
LAKE MARY, FL 32746
1-800-934-8203

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, D, F & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: \$35.00

www.marquettenationallife.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 703

PLAN	A		D		F		G	
AGE	M	F	M	F	M	F	M	F
Under 65	2009	1747	2800	2435	3255	2829	2940	2557
65	1380	1200	1495	1300	1854	1613	1575	1370
70	1706	1484	1886	1640	2256	1962	1987	1728
75	1925	1674	2243	1950	2650	2305	2361	2053
80	2009	1747	2548	2215	2982	2593	2678	2329
85+	2009	1747	2800	2435	3255	2829	2940	2557

Zip Code Areas: 706, 710-711

PLAN	A		D		F		G	
AGE	M	F	M	F	M	F	M	F
Under 65	2118	1841	2950	2566	3430	2982	3098	2694
65	1454	1264	1576	1370	1954	1699	1660	1443
70	1798	1564	1988	1728	2377	2067	2093	1821
75	2029	1764	2364	2055	2793	2429	2488	2163
80	2118	1841	2865	2334	3143	2733	2822	2454
85+	2118	1841	2950	2566	3430	2982	3098	2694

Zip Code Areas: 705, 707-709, 713-714

PLAN	A		D		F		G	
AGE	M	F	M	F	M	F	M	F
Under 65	2204	1916	3071	2671	3570	3103	3225	2804
65	1513	1316	1640	1426	2034	1769	1727	1502
70	1871	1627	2069	1799	2474	2151	2179	1895
75	2111	1836	2460	2139	2907	2528	2589	2251
80	2204	1916	2794	2429	3271	2844	2937	2554
85+	2204	1916	3071	2671	3570	3103	3225	2804

* Non-Tobacco Premiums listed.

MARQUETTE NATIONAL LIFE INSURANCE COMPANY
(Continued)

Zip Code Areas: 700-702, 704, 712

PLAN	A		D		F		G	
AGE	M	F	M	F	M	F	M	F
Under 65	2420	2104	3372	2932	3920	3408	3541	3079
65	1662	1445	1801	1566	2233	1942	1897	1650
70	2055	1787	2272	1975	2717	2362	2393	2081
75	2318	2016	2702	2349	3192	2776	2843	2472
80	2420	2104	3068	2667	3592	3123	3225	2805
85+	2420	2104	3372	2932	3920	3408	3541	3079

Non-Smoker discount of 5% (1st year only) offered when both spouses are issued a policy at the same time.

**MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175
1-800-316-0842**

STANDARD PLANS MARKETING BY PRODUCERS & DIRECT RESPONSE IN 2008:
A, C, D, & F

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

www.mutualofomaha.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A+

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 700,701,703, & 704

AGE	A		C		D		F	
	M	F	M	F	M	F	M	F
Under 65	4990	4341	6259	5445	5591	4864	6182	5378
65	2122	1846	2661	2315	2377	2068	2628	2287
70	2516	2189	3155	2745	2818	2452	3117	2712
75	2925	2545	3670	3193	3278	2852	3625	3154
80+	3369	2931	4225	3676	3775	3284	4174	3631

Zip Code Areas: 705-708, 710-714

AGE	A		C		D		F	
	M	F	M	F	M	F	M	F
Under 65	4011	3490	5031	4377	4494	3910	4970	4324
65	1706	1484	2139	1861	1911	1663	2113	1838
70	2023	1760	2536	2207	2266	1971	2506	2180
75	2352	2046	2950	2567	2635	2293	2915	2536
80+	2709	2357	3397	2955	3035	2640	3356	2919

SELECT policies are offered in the following Parishes: Bossier, Caddo, Calcasieu, Concordia, East Baton Rouge, Orleans, St. Bernard, St. John the Baptist and St. Martin.

* Non-Tobacco Premiums listed.

NATIONAL STATES INSURANCE COMPANY
1830 CRAIG PARK COURT
ST. LOUIS, MO 63146
1-800-868-6788

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D & F

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B-

ANNUAL PREMIUMS – Issue Age for both Male and Female
All of Louisiana

AGE	A	B	C	F
Under 65	2920	4703	6748	5338
65	1856	2997	4299	3396
70	2069	3337	4776	3783
75	2152	3469	4975	3930
80	2420	3897	5582	4407
85+	2920	4703	6748	5338

*ANNUAL PREMIUMS – Attained Age (M/F) for Smokers and Non-Smokers

Zip Code Areas for Plan D only:

Zip Code Areas: 704, 705, 706, 713

AGE	Female Non-Smoker	Male Non-Smoker	Female Smoker	Male Smoker
Under 65	1695	1949	1884	2165
65	937	1077	1040	1197
70	1122	1291	1247	1434
75	1283	1474	1425	1638
80	1417	1629	1574	1810
85+	1526	1755	1696	1949

Zip Code Areas: 708, 711, 712

AGE	Female Non-Smoker	Male Non-Smoker	Female Smoker	Male Smoker
Under 65	1789	2058	1988	2286
65	989	1137	1098	1264
70	1185	1362	1316	1513
75	1354	1556	1504	1729
80	1495	1720	1662	1910
85+	1610	1853	1790	2058

Zip Code Area: 700

AGE	Female Non-Smoker	Male Non-Smoker	Female Smoker	Male Smoker
Under 65	1883	2166	2093	2406
65	1041	1197	1156	1330
70	1247	1434	1385	1593
75	1425	1638	1583	1820
80	1574	1810	1749	2011
85+	1695	1950	1884	2166

Zip Code Area: 701

AGE	Female Non-Smoker	Male Non-Smoker	Female Smoker	Male Smoker
Under 65	1977	2274	2198	2526
65	1093	1257	1214	1397
70	1309	1506	1454	1673
75	1496	1720	1662	1911
80	1653	1901	1836	2112
85+	1780	2048	1978	2274

NATIONAL STATES INSURANCE COMPANY
(Continued)

*ANNUAL PREMIUMS – Attained Age (M/F) for Smokers and Non-Smokers

Zip Code Areas for Plan D cont. . . :

Zip Code Areas: 703, 707, 710, 714

AGE	Female Non- Smoker	Male Non- Smoker	Female Smoker	Male Smoker
Under 65	2071	2383	2302	2647
65	1145	1317	1272	1463
70	1372	1577	1524	1752
75	1568	1802	1741	2002
80	1731	1991	1924	2212
85+	1865	2145	2072	2383

Zip Code Areas: All Others

AGE	Female Non- Smoker	Male Non- Smoker	Female Smoker	Male Smoker
Under 65	1883	2166	2093	2406
65	1041	1197	1156	1330
70	1247	1434	1385	1593
75	1425	1638	1583	1820
80	1574	1810	1749	2011
85+	1695	1950	1884	2166

PENNSYLVANIA LIFE INSURANCE COMPANY
1001 HEATHROW PARK LANE
LAKE MARY, FL 32746
1-800-275-7366

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, F & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: \$25.00

www.pennlife.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 700, 701, 704

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2286	2070	3271	2963	3567	3231	3450	3124	3853	3489	3465	3151
65	1441	1304	1959	1774	2205	1995	2044	1852	2382	2157	1917	1743
70	1697	1537	2328	2108	2579	2337	2432	2203	2789	2526	2289	2081
75	1975	1790	2743	2484	3008	2724	2875	2604	3250	2945	2740	2491
80	2164	1960	3054	2767	3336	3022	3212	2910	3603	3263	3098	2818
85+	2286	2070	3271	2963	3567	3231	3450	3124	3853	3489	3406	3097

Zip Code Areas: 703, 706 - 708

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1870	1693	2676	2424	2918	2643	2823	2556	3153	2855	3150	2864
65	1179	1067	1603	1452	1804	1632	1672	1515	1949	1765	1743	1585
70	1388	1258	1905	1724	2110	1912	1990	1803	2282	2067	2081	1892
75	1616	1464	2244	2033	2461	2229	2352	2130	2659	2410	2491	2264
80	1770	1604	2499	2033	2729	2473	2628	2381	2948	2670	2817	2561
85+	1870	1693	2676	2424	2918	2643	2823	2556	3153	2855	3096	2816

Zip Code Areas: All Other Zip Code areas

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2078	1881	2974	2694	3243	2937	3136	2840	3503	3172	2835	2578
65	1310	1186	1781	1623	2005	1814	1858	1684	2166	1961	1568	1426
70	1542	1397	2116	1916	2345	2125	2211	2003	2535	2296	1873	1703
75	1796	1627	2493	2258	2735	2476	2613	2367	2955	2678	2242	2038
80	1967	1782	2776	2515	3032	2747	2920	2645	3275	2966	2535	2305
85+	2078	1881	2974	2694	3243	2937	3136	2840	3503	3172	2787	2534

* **Non-Tobacco Premiums listed.**

Non-Smoker discount of 5% (1st year only) offered when both spouses are issued a policy at the same time.

**PHYSICIANS LIFE INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE 68131
1-800-228-9100**

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, F, & G
STANDARD PLANS MARKETING BY DIRECT RESPONSE: A, B, F & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING WAITING PERIOD: None

www.physiciansmutual.com

POLICY FEE: None

MEDICARE CROSSOVER: Yes

A.M. BEST RATING: A

*ANNUAL PREMIUMS

Zip Code Areas: 712-713

AGE	A		B		F	
Type:	Attn'd	Issue	Attn'd	Issue	Attn'd	Issue
Under 65	4705	4705	4968	4968	6355	6355
65	998	1150	1235	1443	1649	1942
70	1183	1286	1469	1598	1975	2182
75	1319	1400	1630	1728	2267	2458
80	1440	1512	1820	1913	2579	2776
85+	1547	1610	2019	2105	2913	3097

Zip Code Areas: 705-706, 710

AGE	A		B		F	
Type:	Attn'd	Issue	Attn'd	Issue	Attn'd	Issue
Under 65	4940	4940	5216	5216	6673	6673
65	1048	1208	1297	1515	1732	2039
70	1242	1351	1543	1678	2074	2291
75	1385	1471	1712	1814	2380	2581
80	1512	1588	1911	2008	2708	2914
85+	1624	1691	2120	2210	3059	3252

Zip Code Areas: 707-708, 711

AGE	A		B		F	
Type:	Attn'd	Issue	Attn'd	Issue	Attn'd	Issue
Under 65	5411	5411	5713	5713	7309	7309
65	1148	1323	1420	1660	1897	2234
70	1360	1480	1690	1837	2271	2510
75	1517	1610	1875	1987	2607	2827
80	1656	1739	2093	2200	2966	3192
85+	1779	1852	2322	2421	3350	3562

Note: Attn'd => Attained Age

PHYSICIANS LIFE INSURANCE (Continued)

Zip Code Areas: 703-704, 714

AGE	A		B		F	
Type:	Attn'd	Issue	Attn'd	Issue	Attn'd	Issue
Under 65	5646	5646	5962	5962	7626	7626
65	1198	1380	1482	1732	1979	2330
70	1419	1544	1763	1918	2369	2618
75	1583	1681	1956	2074	2720	2950
80	1728	1814	2184	2296	3095	3331
85+	1856	1933	2423	2527	3496	3716

Zip Code Area: 700

AGE	A		B		F	
Type:	Attn'd	Issue	Attn'd	Issue	Attn'd	Issue
Under 65	6823	6823	7204	7204	9215	9215
65	1448	1668	1790	2092	2392	2816
70	1715	1865	2131	2317	2863	3164
75	1913	2030	2364	2506	3287	3565
80	2088	2192	2639	2774	3740	4025
85+	2243	2335	2927	3053	4224	4491

Zip Code Area: 701

AGE	A		B		F	
Type:	Attn'd	Issue	Attn'd	Issue	Attn'd	Issue
Under 65	7058	7058	7452	7452	9533	9533
65	1498	1726	1852	2165	2474	2914
70	1774	1930	2204	2397	2962	3274
75	1979	2101	2446	2592	3400	3688
80	2160	2268	2730	2869	3869	4163
85+	2320	2416	3029	3158	4370	4646

G														
AGE	712-713		705-706,710		707-708		703-704,711		714		700		701	
TYPE:	Attn'd	Issue	Attn'd	Issue	Attn'd	Issue	Attn'd	Issue	Attn'd	Issue	Attn'd	Issue	Attn'd	Issue
Under 65	5431	5431	5703	5703	5974	5974	6246	6246	6517	6517	7604	7604	7875	7875
65	1350	1590	1418	1670	1485	1749	1553	1829	1620	1908	1890	2226	1958	2306
70	1616	1787	1697	1876	1777	1966	1858	2055	1939	2144	2262	2501	2343	2591
75	1856	2014	1949	2115	2041	2216	2134	2317	2227	2417	2598	2820	2691	2921
80	2112	2273	2218	2387	2323	2501	2429	2614	2534	2728	2957	3183	3062	3296
85+	2384	2535	2504	2662	2623	2789	2742	2915	2861	3042	3338	3549	3457	3676

*Non-Tobacco Premiums listed.

PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY
6201 JOHNSON DRIVE
MISSION, KS 66202-9158
1-877-291-5434

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, D, F, *F, & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: \$25.00

www.palhic.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: D

**ANNUAL PREMIUMS – Attained Age
 Zip Code Areas: 700-701

AGE	A		D		F		*F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	4140	3600	4521	3931	5023	4368	1446	1257	3557	3093	3078	2677	3706	3223	3877	3371
65	2515	2187	2746	2388	3051	2653	878	763	2335	2031	2032	1767	2432	2115	2547	2215
70	3042	2646	3326	2893	3694	3212	1061	923	2613	2272	2269	1973	2722	2367	2851	2479
75	3510	3052	3827	3328	4253	3699	1223	1063	3008	2616	2609	2269	3134	2725	3283	2855
80	3841	3340	4193	3647	4658	4051	1340	1165	3296	2867	2857	2484	3434	2986	3597	3128
85+	4140	3600	4521	3931	5023	4368	1446	1257	3557	3093	3078	2677	3706	3223	3877	3371

Zip Code Areas: 703-704

AGE	A		D		F		*F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	3662	3184	3999	3478	4444	3864	1279	1112	3146	2736	2723	2368	3278	2851	3429	2982
65	2224	1934	2429	2113	2699	2347	776	675	2066	1796	1797	1563	2152	1871	2254	1960
70	2691	2340	2943	2559	3268	2842	939	817	2312	2010	2008	1746	2408	2094	2522	2193
75	3105	2700	3386	2944	3763	3272	1082	941	2661	2314	2308	2007	2772	2410	2904	2525
80	3398	2954	3710	3226	4121	3583	1185	1030	2916	2536	2527	2198	3038	2642	3182	2767
85+	3662	3184	3999	3478	4444	3864	1279	1112	3146	2736	2723	2368	3278	2851	3429	2982

Zip Code Areas: 705-708, 710-714

AGE	A		D		F		*F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2866	2492	3130	2722	3478	3024	1001	870	2462	2141	2131	1853	2566	2231	2684	2334
65	1741	1514	1901	1653	2112	1837	608	528	1617	1406	1407	1223	1684	1464	1764	1534
70	2106	1832	2303	2003	2557	2224	735	639	1809	1573	1571	1366	1885	1639	1974	1716
75	2430	2113	2650	2304	2945	2561	847	736	2082	1811	1806	1571	2169	1886	2273	1976
80	2659	2312	2903	2525	3225	2804	927	806	2282	1985	1978	1720	2377	2067	2490	2165
85+	2866	2492	3130	2722	3478	3024	1001	870	2462	2141	2131	1853	2566	2231	2684	2334

* Indicates High Deductible Plan available.

** Non-Tobacco Premiums listed.

PYRAMID LIFE INSURANCE COMPANY, THE
1001 HEATHROW PARK LANE, SUITE 5001
LAKE MARY, FL 32746
1-800-777-1126

STANDARD PLANS MARKETING BY DIRECT RESPONSE IN 2008: A, D, E, F, *F, G

MEDICAL UNDERWRITING: Yes

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: None

www.pyramidlife.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

**ANNUAL PREMIUMS – Attained Age

Zip Code Area: 700-702

AGE	A	D	E		F	F*	G
			M	F			
Under 65	4120	4156	3921	3563	4979	1327	4289
65	2575	2599	2065	1878	3114	829	2682
70	3212	3236	2642	2402	3885	943	3338
75	3533	3615	3142	2856	4317	1133	3731
80	3746	3918	3568	3243	4652	1269	4046
85+	3898	4166	3921	3563	4905	1384	4309

Zip Code Area: 703–705, 707-708

AGE	A	D	E		F	F*	G
			M	F			
Under 65	3762	3795	3580	3523	4546	1211	3916
65	2351	2373	1885	1715	2843	757	2449
70	2933	2955	2412	2193	3547	861	3048
75	3226	2955	2869	2607	3941	1034	3407
80	3420	3577	3258	2961	4247	1159	3694
85+	3559	3804	3580	3253	4478	1264	3934

Zip Code Area: All Others

AGE	A	D	E		F	F*	G
			M	F			
Under 65	3583	3614	3409	3098	4330	1154	3730
65	2239	2260	1795	1633	2708	721	2333
70	2793	2814	2298	2088	3378	820	2903
75	3073	3144	2732	2483	3754	985	3244
80	3257	3407	3102	2820	4045	1104	3518
85+	3389	3623	3409	3098	4265	1204	3747

***Indicates High Deductible Plan available. **Non-Tobacco Premiums listed.**

Medicare Select Plans available (Contact Company for list of Parishes)

**RESERVE NATIONAL INSURANCE COMPANY
6100 N.W. GRAND BOULEVARD
OKLAHOMA CITY, OK 73118
1-800-654-9106**

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, F

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: \$15.00

www.reservenational.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-

*ANNUAL PREMIUMS – Attained Age for both Male and Female

AGE	A	B	C	F
Under 65	1932	3032	3818	3896
65	1240	2013	2386	2466
70	1438	2309	2820	2899
75	1644	2602	3253	3329
80	1932	3032	3818	3896
85+	2040	3186	4022	4099

*Non-Tobacco Premiums listed.

**SECUREHORIZONS BY UNITED HEALTHCARE
UNDERWRITTEN BY PACIFICARE LIFE & HEALTH INSURANCE CO.
10700 VALLEY VIEW STREET
CYPRESS, CA 90630
1-800-610-2660**

STANDARD PLANS MARKETING BY DIRECT RESPONSE AND PRODUCERS IN 2008:
A, C, F, G, & J

MEDICAL UNDERWRITING: Yes, all available plans if not guaranteed issue.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: No

www.SecureHorizons.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-

*ANNUAL PREMIUMS – Issue Age for both Male and Female

**Area 1 – See Below

AGE	A	C	F	G	J
Under 65	4079	5878	5933	5137	5817
65	1662	2349	2349	2005	2302
70	2115	2870	2884	2431	2828
75	2417	3351	3392	2884	3326
80	2527	3818	3832	3571	3757
85+	2555	3942	3955	3708	3878

Area 2 – All other Zip Code Areas

AGE	A	C	F	G	J
Under 65	3531	5325	5459	4242	5352
65	1428	1936	1964	1648	1926
70	1772	2294	2335	1991	2289
75	2115	2692	2733	2376	2680
80	2197	3420	3488	2980	3420
85+	2211	3571	3640	3063	3568

****AREA 1: JEFFERSON, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. CHARLES, ST. JAMES, ST. JOHN THE BAPTIST, ST. TAMMANY COUNTIES**

ZIP CODES: 70001-70006, 70009-70011, 70030-70033, 70036-70044, 70046-70047, 70049-70060, 70062-70073, 70075-70076, 70078-70087, 70090-70094, 70096-70097, 70100, 70112-70119, 70121-70131, 70139-70143, 70145-70146, 70148-70154, 70156-70167, 70170, 70172, 70174-70179, 70181-70187, 70189-70190, 70195, 70358, 70420, 70431, 70433-70435, 70437, 70445, 70447-70448, 70452, 70457-70461, 70463-70464, 70469-70471, 70723, 70743, 70763, 70792

***Non-Tobacco Premiums listed.**

SHENANDOAH LIFE INSURANCE COMPANY
2301 BRAMBLETON AVE, S. W.
ROANOKE, VA 24015
1-800-848-5433

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, E, F & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$25.00

www.shenlife.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-

ANNUAL PREMIUMS - Attained Age

PREFERRED PREMIUMS / NON-SMOKER

Zip Code Areas: 700-704

AGE	A		B		C		D		E		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2249	1955	2834	2464	3091	2688	2863	2488	2886	2510	3138	2729	2926	2545
65	1448	1259	1823	1585	2051	1784	1841	1601	1858	1615	2119	1841	1884	1638
70	1638	1424	2064	1795	2314	2011	2085	1813	2104	1828	2378	2066	2131	1854
75	1914	1665	2413	2098	2669	2321	2436	2119	2458	2138	2733	2376	2493	2166
80	2109	1834	2656	2310	2919	2538	2683	2333	2706	2353	2954	2569	2745	2385
85+	2249	1955	2834	2464	3091	2688	2863	2488	2886	2510	3138	2729	2926	2545

PREFERRED PREMIUMS: ALL OTHER ZIP CODE AREAS

AGE	A		B		C		D		E		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2069	1799	2607	2267	2844	2473	2634	2289	2655	2309	2887	2510	2692	2341
65	1332	1158	1677	1458	1887	1641	1694	1473	1709	1486	1949	1694	1733	1507
70	1507	1310	1899	1651	2129	1850	1918	1668	1935	1681	2187	1901	1961	1705
75	1761	1532	2220	1930	2455	2136	2241	1949	2261	1967	2514	2186	2293	1993
80	1940	1687	2444	2125	2685	2335	2468	2146	2490	2164	2717	2363	2525	2194
85+	2069	1799	2607	2267	2844	2473	2634	2289	2655	2309	2887	2510	2692	2341

STANDARD PREMIUMS / SMOKER

Zip Code Areas: 700-704

AGE	A		B		C		D		E		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2499	2173	3149	2738	3435	2986	3179	2765	3208	2789	3486	3031	3253	2829
65	1608	1399	2026	1761	2279	1981	2045	1779	2064	1794	2353	2046	2093	1820
70	1820	1583	2294	1994	2570	2235	2316	2014	2336	2031	2640	2296	2369	2060
75	2128	1850	2681	2331	2965	2579	2706	2355	2731	2375	3036	2639	2769	2408
80	2343	2038	2953	2566	3243	2820	2981	2593	3006	2615	3281	2854	3049	2651
85+	2499	2173	3149	2738	3435	2986	3179	2765	3208	2789	3486	3031	3253	2829

SHENANDOAH LIFE INSURANCE COMPANY
(Continued)

STANDARD PREMIUMS: ALL OTHER ZIP CODE AREAS

AGE	A		B		C		D		E		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2299	1999	2897	2519	3160	2747	2924	2544	2951	2566	3207	2789	2992	2602
65	1479	1287	1864	1620	2096	1823	1881	1636	1899	1650	2164	1883	1925	1674
70	1674	1456	2110	1834	2364	2056	2131	1853	2149	1869	2429	2113	2179	1895
75	1957	1702	2467	2145	2728	2372	2490	2167	2513	2185	2793	2428	2547	2215
80	2155	1875	2716	2361	2983	2594	2743	2385	2766	2406	3019	2625	2805	2439
85+	2299	1999	2897	2519	3160	2747	2924	2544	2951	2566	3207	2789	2992	2602

SIERRA HEALTH & LIFE INSURANCE COMPANY
P.O. BOX 15645
LAS VEGAS, NV 89114-5645
1-800-209-2972

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: *A, *B, *C, *D, *F & *G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

www.sierrahealthandlife.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

****ANNUAL PREMIUMS – Attained Age**

Lafayette Area Standard Ratings

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1346	1213	1593	1438	1818	1639	1707	1539	1859	1676	1759	1586
65	1094	957	1297	1133	1480	1293	1389	1215	1514	1322	1432	1251
70	1306	1141	1548	1352	1766	1541	1658	1449	1806	1577	1709	1492
75	1545	1352	1832	1602	2089	1827	1963	1717	2138	1870	2022	1769
80	1811	1582	2147	1875	2449	2139	2301	2009	2505	2189	2370	2071
85+	2079	1821	2464	2159	2811	2462	2639	2313	2874	2518	2719	2382

Lafayette Area Select Ratings

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1304	1058	1545	1254	1763	1430	1656	1344	1802	1464	1704	1385
65	1060	860	1257	1019	1435	1163	1348	1093	1467	1189	1386	1126
70	1267	1026	1499	1216	1712	1386	1608	1303	1752	1419	1655	1343
75	1497	1216	1777	1441	2024	1642	1904	1543	2072	1682	1959	1590
80	1757	1422	2082	1686	2375	1923	2231	1807	2430	1968	2296	1861
85+	2016	1637	2388	1941	2724	2213	2559	2080	2787	2265	2634	2143

Lafayette Select Plan available in the following zip code areas:

70501, 70503, 70506, 70507, 70508, 70510, 70512, 70515, 70516, 70517, 70518, 70520, 70520, 70526, 70528, 70529, 70531, 70533, 70535, 70537, 70542, 70543, 70544, 70548, 70552, 70554, 70555, 70559, 70560, 70563, 70570, 70577, 70578, 70582, 70583, 70584, 70586, 70589, 70592, 70717, 70732, 70750, 70756, 71353, 71358, 71367, 71463.

***Indicates Select Plans available.**

****Non-Tobacco Premiums listed.**

SIERRA HEALTH & LIFE INSURANCE COMPANY
(Continued)

Lake Charles Area Standard Ratings

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1419	1279	1682	1516	1919	1731	1802	1625	1961	1768	1858	1673
65	1154	1009	1369	1195	1563	1366	1466	1282	1597	1394	1511	1321
70	1378	1203	1633	1426	1865	1628	1749	1528	1904	1663	1803	1575
75	1630	1426	1932	1690	2205	1931	2070	1812	2252	1971	2133	1866
80	1911	1668	2266	1978	2587	2258	2428	2120	2641	2306	2501	2184
85+	2193	1922	2599	2278	2967	2600	2785	2440	3030	2654	2870	2513

Lake Charles Area Select Ratings

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1372	1201	1627	1424	1854	1623	1743	1525	1899	1660	1794	1570
65	1117	976	1324	1157	1510	1321	1419	1240	1545	1350	1460	1276
70	1333	1165	1580	1380	1802	1573	1694	1478	1844	1611	1743	1521
75	1577	1380	1869	1635	2131	1865	2003	1753	2182	1908	2061	1804
80	1850	1614	2193	1915	2500	2183	2349	2050	2558	2234	2418	2111
85+	2120	1858	2515	2203	2867	2513	2695	2361	2934	2571	2774	2431

*Lake Charles Select Plan available in the following zip code areas:

70532, 70546, 70549, 70581, 70591, 70601, 70605, 70611, 70630, 70631, 70633, 70637, 70645, 70647, 70648, 70650, 70652, 70654, 70655, 70657, 70658, 70660, 70661, 70663, 70668, 70669.

Monroe Area Standard Ratings

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1931	1739	2289	2064	2614	2357	2453	2211	2668	2405	2526	2279
65	1571	1373	1864	1628	2126	1859	1996	1743	2171	1898	2056	1798
70	1876	1638	2223	1941	2538	2216	2382	2079	2592	2263	2455	2142
75	2218	1941	2630	2302	3002	2627	2819	2466	3066	2682	2904	2540
80	2601	2271	3084	2692	3521	3073	3304	2886	3594	3139	3404	2972
85+	2985	2615	3538	3099	4039	3539	3792	3321	4124	3619	3906	3421

Monroe Area Select Ratings

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1868	1635	2214	1937	2526	2209	2373	2076	2585	2262	2443	2138
65	1521	1328	1802	1575	2056	1797	1931	1687	2102	1838	1988	1737
70	1814	1584	2150	1878	2454	2142	2305	2012	2510	2192	2372	2071
75	2146	1878	2545	2226	2902	2540	2727	2386	2969	2597	2807	2456
80	2517	2198	2984	2604	3403	2971	3197	2792	3482	3040	3291	2873
85+	2888	2530	3423	2999	3902	3419	3667	3214	3994	3499	3775	3307

SIERRA HEALTH & LIFE INSURANCE COMPANY (Continued)

*Monroe Select Plan available in the following Parishes:

Bienville, Caldwell, Catahoula, Claiborne, East Carroll, Franklin, Jackson, La Salle, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll and Winn.

New Orleans Area Select Ratings

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2628	2297	2645	2313	2999	2621	2841	2485	3093	2705	2923	2557
65	1505	1316	1516	1325	1717	1502	1627	1423	1771	1549	1674	1465
70	1788	1562	1799	1574	2040	1783	1933	1688	2104	1839	1989	1738
75	2124	1855	2139	1868	2422	2117	2295	2006	2500	2185	2363	2066
80	2485	2172	2502	2187	2835	2478	2686	2349	2925	2558	2765	2418
85+	2855	2494	2875	2513	3257	2847	3086	2698	3361	2938	3177	2777

*New Orleans Select Plan available in the following Parishes:

Jefferson, Orleans, Plaquemines, and St. Bernard

Shreveport Area Select Ratings

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2334	2041	2350	2056	2663	2327	2521	2206	2746	2402	2596	2269
65	1337	1169	1346	1176	1525	1333	1445	1263	1573	1376	1486	1301
70	1587	1387	1599	1397	1811	1584	1715	1501	1868	1633	1766	1544
75	1884	1647	1899	1659	2152	1880	2037	1781	2220	1939	2098	1834
80	2207	1930	2222	1943	2517	2200	2385	2085	2598	2270	2456	2145
85+	2534	2215	2552	2230	2892	2528	2739	2395	2983	2608	2820	2465

*Shreveport Select Plan available in the following Parishes:

Bossier, Caddo, DeSoto, Rapides, Red River, and Webster

North Rating Area

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1724	1555	2044	1844	2334	2104	2189	1976	2382	2148	2256	2035
65	1405	1227	1664	1454	1900	1660	1783	1559	1939	1695	1837	1605
70	1675	1463	1986	1733	2266	1980	2128	1859	2315	2021	2193	1914
75	1982	1734	2350	2055	2681	2346	2517	2202	2738	2395	2593	2269
80	2325	2029	2754	2405	3144	2745	2951	2577	3211	2804	3040	2655
85+	2666	2336	3160	2769	3608	3159	3386	2967	3684	3228	3489	3056

North Rating Plan available in the following Parishes:

Avoyelles, Bossier, Caddo, Concordia, Grant, Natchitoches, Rapides, Red River, Sabine, Vernon, and Webster

SIERRA HEALTH & LIFE INSURANCE COMPANY
(Continued)

South Rating Area

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1803	1625	2137	1928	2439	2200	2290	2064	2490	2246	2359	2126
65	1467	1283	1738	1521	1986	1735	1864	1628	2028	1772	1921	1678
70	1751	1529	2076	1812	2370	2070	2224	1943	2419	2114	2292	2002
75	2072	1814	2456	2148	2804	2453	2632	2303	2864	2506	2711	2372
80	2430	2121	2880	2514	3288	2871	3086	2694	3356	2932	3179	2777
85+	2788	2442	3305	2895	3771	3304	3540	3101	3851	3373	3647	3194

South Rating Plan available in the following Parishes:

Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, St. Bernard, St. Charles, St. Helena, St. John Baptist, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Washington, West Baton Rouge, and West Feliciana

STANDARD LIFE & ACCIDENT INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX 77550
1-888-350-1488

STANDARD PLANS MARKETING BY PRODUCERS IN 2008 A, B, C, D, E, F, F* & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 90 days for Medicare SELECT plans only

POLICY FEE: \$20.00

www.slaico.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A

**ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 700,701,704

AGE	A		B		C		D		E		F		*F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1941	1726	2321	2065	2671	2376	2328	2063	2200	1950	2687	2391	504	446	2340	2074
65	1612	1440	2022	1806	2326	2078	2139	1910	2021	1805	2340	2090	463	413	2149	1920
70	1673	1474	2098	1848	2413	2126	2219	1955	2097	1847	2428	2139	480	423	2230	1964
75	1954	1692	2451	2122	2820	2442	2592	2245	2450	2121	2837	2456	561	486	2605	2256
80	2249	2015	2820	2527	3245	2907	2983	2673	2819	2526	3264	2925	645	578	2998	2686
85+	2678	2508	3358	3145	3863	3619	3552	3327	3357	3144	3887	3641	768	720	3570	3344

Zip Code Areas: 703,706,712-713

AGE	A		B		C		D		E		F		*F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1699	1510	2031	1807	2337	2079	2037	1805	1925	1706	2351	2092	441	391	2048	1814
65	1411	1260	1769	1580	2036	1818	1871	1671	1768	1579	2048	1829	405	362	1881	1680
70	1464	1289	1835	1617	2112	1860	1941	1710	1835	1616	2124	1872	420	370	1951	1719
75	1710	1481	2144	1857	2467	2136	2268	1964	2144	1856	2482	2149	491	425	2280	1974
80	1968	1763	2468	2211	2839	2544	2610	2339	2467	2210	2856	2559	565	506	2623	2351
85+	2343	2195	2938	2752	3380	3166	3108	2911	2937	2751	3401	3185	672	630	3124	2926

Zip Code Areas: 705, 707-711, 714

AGE	A		B		C		D		E		F		*F		G	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1860	1654	2225	1979	2559	2277	2231	1977	2109	1869	2575	2291	483	428	2243	1987
65	1545	1380	1938	1731	2229	1991	2049	1831	1937	1730	2243	2003	443	396	2060	1840
70	1603	1412	2010	1771	2313	2037	2126	1873	2009	1770	2327	2050	460	405	2137	1883
75	1873	1622	2349	2034	2702	2340	2484	2151	2348	2033	2718	2354	537	465	2497	2162
80	2155	1931	2703	2422	3109	2786	2859	2562	2701	2421	3128	2803	618	554	2873	2574
85+	2566	2404	3218	3014	3702	3468	3404	3188	3217	3013	3725	3489	736	690	3421	3204

*Indicates High Deductible Plan available.

STANDARD LIFE & ACCIDENT INSURANCE COMPANY
(Continued)

Medicare SELECT policies are available in **all parishes except East and West Carroll.**

Zip Code Areas: 700,701,704

AGE	C		D		F		G	
	M	F	M	F	M	F	M	F
Under 65	2039	1814	1725	1529	2060	1833	1743	1544
65	1776	1586	1585	1416	1794	1602	1601	1430
70	1842	1623	1644	1449	1861	1640	1661	1463
75	2153	1864	1921	1663	2174	1883	1940	1680
80	2477	2220	2211	1981	2502	2242	2233	2001
85+	2950	2763	2632	2465	2979	2791	2658	2490

Zip Code Areas: 703,706,712-713

AGE	C		D		F		G	
	M	F	M	F	M	F	M	F
Under 65	1784	1587	1510	1338	1802	1603	1525	1351
65	1554	1388	1387	1239	1570	1402	1401	1251
70	1612	1420	1439	1267	1628	1435	1453	1280
75	1884	1631	1681	1456	1903	1648	1698	1470
80	2167	1942	1934	1733	2189	1962	1954	1751
85+	2581	2417	2303	2157	2607	2442	2326	2179

Zip Code Areas: 705,707-711, 714

AGE	C		D		F		G	
	M	F	M	F	M	F	M	F
Under 65	1954	1739	1654	1465	1974	1756	1670	1480
65	1702	1520	1519	1357	1719	1536	1534	1370
70	1766	1556	1576	1388	1784	1571	1591	1402
75	2063	1786	1841	1594	2084	1804	1859	1610
80	2374	2127	2118	1898	2398	2149	2140	1917
85+	2827	2648	2523	2363	2855	2674	2548	2386

****Non-Tobacco Premiums listed.**

**STATE FARM AUTOMOBILE INSURANCE COMPANY
ONE STATE FARM PLAZA – B1
BLOOMINGTON, IL 61710-0001
CALL YOUR LOCAL STATE FARM AGENT**

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, C, & F

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: No

www.statefarm.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A++

*ANNUAL PREMIUMS – Attained Age

Area 1 – All Parishes except those in Area 2

AGE	A	C	F
Under 65	3141	4738	4786
65	1396	2106	2127
70	1759	2653	2680
75	2038	3075	3105
80	2290	3454	3488
85+	2388	3601	3637

Area 2

AGE	A	C	F
Under 65	3267	4928	4977
65	1452	2190	2212
70	1830	2760	2787
75	2120	3198	3230
80	2381	3592	3628
85+	2483	3745	3783

Area 2 – Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Tammany, Tangipahoa and Washington.

*Non-Tobacco Premiums listed.

**STATE MUTUAL INSURANCE COMPANY
ONE STATE MUTUAL DRIVE
ROME, GEORGIA 30161
1-800-321-0102**

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, & F

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$20.00

www.statemutualinsurance.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B+

**ANNUAL PREMIUMS – Attained Age for both Male and Female
STANDARD RATES /NON-SMOKER**

Zip Code Areas: 704, 707-708

AGE	A	B	C	D	F
Under 65	4602	5189	6044	5770	5987
65	2759	2928	3561	3234	3529
70	3236	3473	4134	3843	4098
75	3773	4101	4825	4556	4781
80	4140	4591	5357	5099	5308
85+	4373	4937	5747	5489	5685

Zip Code Areas: 700-701, 706

AGE	A	B	C	D	F
Under 65	4383	4942	5756	5495	5702
65	2268	2789	3391	3080	3361
70	3082	3308	3937	3660	3903
75	3593	3906	4595	4339	4553
80	3943	4372	5102	4856	5055
85+	4165	4702	5473	5228	5414

Zip Code Areas: 703, 712

AGE	A	B	C	D	F
Under 65	4164	4695	5468	5220	5417
65	2497	2650	3221	2926	3193
70	2928	3143	3740	3477	3708
75	3413	3711	4365	4122	4325
80	3746	4153	4847	4613	4802
85+	3957	4467	5199	4967	5143

All Other Zip Codes

AGE	A	B	C	D	F
Under 65	3945	4448	5180	4946	5132
65	2365	2510	3052	2772	3025
70	2774	2977	3543	3294	3513
75	3234	3515	4136	3905	4098
80	3549	3935	4592	4370	4550
85+	3749	4232	4926	4705	4873

STANDARD RATES /SMOKER

Zip Code Areas: 704, 707-708

AGE	A	B	C	D	F
Under 65	4602	5189	6044	5770	5987
65	3015	3191	3892	3526	3857
70	3819	4092	4873	4536	4827
75	4442	4841	5684	5370	5640
80	4877	5415	6319	6012	6261
85+	5158	5816	6769	6464	6703

Zip Code Areas: 700-701, 706

AGE	A	B	C	D	F
Under 65	4383	4942	5756	5495	5702
65	2871	3039	3707	3358	3673
70	3637	3897	4641	4320	4597
75	4230	4610	5413	5114	5371
80	4645	5157	6018	5726	5963
85+	4912	5539	6447	6156	6384

STATE MUTUAL INSURANCE COMPANY
(Continued)

Zip Code Areas: 703, 712

AGE	A	B	C	D	F
Under 65	4164	4695	5468	5220	5417
65	2727	2887	3522	3190	3489
70	3455	3702	4409	4104	4367
75	4019	4380	5142	4858	5102
80	4413	4899	5717	5440	5665
85+	4666	5262	6125	5848	6065

All Other Zip Codes

AGE	A	B	C	D	F
Under 65	3945	4448	5180	4946	5132
65	2584	2735	3336	3022	3306
70	3273	3507	4177	3888	4137
75	3807	4149	4872	4603	4834
80	4181	4641	5416	5153	5367
85+	4421	4985	5802	5540	5746

SELECT RATES/NON-SMOKER

*Medicare Select Policies are available in the following parishes:

Acadia, Bossier, Caddo, Calcasieu, Caldwell, Concordia, De Soto, East Baton Rouge, Evangeline, Iberia, Jefferson, Lafayette, Lafourche, Orleans, Ouachita, Rapides, St. Bernard, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Terrebonne, Vermilion, Washington and Webster.

Zip Code Areas: 704, 707-708

AGE	B	C	D	F
Under 65	3387	4491	3557	4448
65	1908	2649	1992	2628
70	2266	3072	2365	3048
75	2676	3583	2805	3549
80	2999	3981	3137	3942
85+	3220	4267	3378	4227

Zip Code Areas: 700-701, 706

AGE	B	C	D	F
Under 65	3226	4277	3388	4236
65	1817	2523	1897	2503
70	2158	2926	2252	2903
75	2549	3412	2671	3380
80	2856	3791	2988	3754
85+	3067	4064	3217	4026

Zip Code Areas: 703, 712

AGE	B	C	D	F
Under 65	3065	4063	3219	4024
65	1726	2397	1802	2378
70	2050	2780	2139	2758
75	2422	3241	2537	3211
80	2713	3601	2839	3566
85+	2914	3861	3056	3825

All other zip codes in Select Areas

AGE	B	C	D	F
Under 65	2903	3849	3049	3812
65	1635	2271	1707	2253
70	1942	2633	2027	2613
75	2294	3071	2404	3042
80	2570	3412	2689	3379
85+	2760	3658	2895	3623

STATE MUTUAL INSURANCE COMPANY
(Continued)

SELECT RATES/SMOKER

Zip Code Areas: 704, 707-708

AGE	B	C	D	F
Under 65	3387	4491	3557	4448
65	2083	2893	2174	2869
70	2670	3616	2791	3589
75	3158	4223	3306	4188
80	3532	4695	3700	4654
85+	3793	5028	3978	4982

Zip Code Areas: 700-701, 706

AGE	B	C	D	F
Under 65	3226	4277	3388	4236
65	1984	2755	2070	2732
70	2543	3444	2658	3418
75	3008	4022	3149	3989
80	3364	4471	3524	4432
85+	3612	4789	3789	4745

Zip Code Areas: 703, 712

AGE	B	C	D	F
Under 65	3065	4063	3219	4024
65	1885	2617	1967	2595
70	2416	3272	2525	3247
75	2858	3821	2992	3790
80	3196	4247	3348	4210
85+	3431	4550	3600	4508

All other zip codes in Select Areas

AGE	B	C	D	F
Under 65	2903	3849	3049	3812
65	1786	2480	1863	2459
70	2289	3100	2392	3076
75	2707	3620	2834	3590
80	3028	4024	3172	3989
85+	3251	4310	3410	4271

STERLING INVESTORS LIFE INSURANCE COMPANY
210 E. SECOND AVENUE, SUITE 105
ROME, GA 30161
1-877-896-6434

STANDARD PLANS MARKETING BY DIRECT RESPONSE AND PRODUCERS IN 2008:
A through J

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

www.sterlinginvestors.com

POLICY FEE: \$20.00

MEDICARE CROSSOVER: No A. M. BEST RATING: B
*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 700-704, 707-708

AGE	A		B		C		D		E	
	M	F	M	F	M	F	M	F	M	F
Under 65	3030	2635	3306	2875	3822	3323	3333	2899	3359	2921
65	1696	1475	1851	1609	2221	1930	1850	1608	1865	1620
70	1901	1652	2075	1803	2461	2140	2077	1806	2094	1820
75	2239	1947	2446	2127	2870	2496	2455	2134	2474	2150
80	2493	2168	2724	2368	3182	2767	2743	2386	2765	2404
85+	2671	2323	2916	2536	3405	2961	2946	2562	2968	2580

AGE	F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F
Under 65	3936	3423	3417	2972	2843	2473	2874	2500	3430	2983
65	2286	1986	1901	1652	1578	1372	1595	1387	1992	1731
70	2538	2208	2133	1855	1771	1540	1790	1557	2212	1924
75	2957	2571	2519	2190	2094	1821	2117	1841	2577	2241
80	3279	2850	2812	2446	2340	2035	2366	2057	2858	2484
85+	3505	3048	3019	2626	2513	2185	2540	2209	3054	2655

Zip Code Areas: 705, 712-713

AGE	A		B		C		D		E	
	M	F	M	F	M	F	M	F	M	F
Under 65	2787	2425	3042	2645	3516	3057	3066	2667	3090	2687
65	1560	1357	1703	1480	2043	1776	1702	1480	1716	1491
70	1749	1520	1909	1659	2264	1969	1911	1662	1926	1674
75	2060	1791	2250	1957	2640	2296	2258	1964	2276	1978
80	2294	1995	2506	2178	2927	2546	2524	2195	2544	2211
85+	2458	2137	2682	2333	3132	2724	2710	2357	2731	2374

*Non-Tobacco Premiums listed.

STERLING INVESTORS (Continued)

Zip Code Areas: 705, 712-713 cont.

AGE	F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F
Under 65	3621	3149	3144	2734	2616	2275	2644	2300	3156	2744
65	2103	1828	1749	1520	1452	1263	1467	1276	1833	1593
70	2335	2031	1962	1706	1630	1417	1647	1433	2035	1770
75	2720	2366	2317	2015	1926	1675	1947	1693	2371	2061
80	3017	2622	2587	2250	2153	1872	2176	1892	2629	2286
85+	3224	2804	2777	2416	2312	2010	2337	2032	2810	2443

All Other Zip Code Areas

AGE	A		B		C		D		E	
	M	F	M	F	M	F	M	F	M	F
Under 65	2424	2108	2645	2300	3058	2658	2666	2319	2687	2337
65	1357	1180	1481	1287	1777	1544	1480	1287	1492	1296
70	1521	1322	1660	1443	1969	1712	1661	1445	1675	1456
75	1791	1557	1957	1702	2296	1997	1964	1707	1964	1720
80	1995	1735	2179	1894	2546	2214	2195	1909	2195	1923
85+	2137	1858	2333	2028	2724	2368	2357	2050	2357	2064

AGE	F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F
Under 65	3149	2738	2734	2377	2275	1978	2299	2000	2744	2386
65	1829	1589	1521	1321	1263	1098	1276	1110	1593	1385
70	2031	1766	1706	1484	1417	1232	1432	1198	1770	1539
75	2365	2057	2015	1752	1675	1457	1693	1473	2061	1793
80	2623	2280	2250	1957	1872	1628	1893	1646	2286	1987
85+	2804	2438	2415	2101	2010	1748	2032	1767	2444	2124

UNITED AMERICAN INSURANCE COMPANY
P. O. BOX 8080
McKINNEY, TX 75070-8080
1-800-331-2512

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, F, *F, G, K & L

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 60 days – age; 6 months - disability

POLICY FEE: None

www.unitedamerican.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A+

*ANNUAL PREMIUMS – Attained & Issue Age for both Male and Female

All Zip Code Areas

AGE	A	B	C	D	F	G	K	L
Under 65	3201	3832	4235	4094	3678	3988	2279	3288
65	1907	2045	2329	2204	2546	2888	1125	1581
70	2057	2703	3075	2930	2788	3169	1499	2104
75	2057	2933	3370	3224	2870	3264	1660	2333
80	2057	2966	3524	3375	2911	3311	1737	2439
85+	2057	2966	3524	3375	2911	3311	1737	2439

*Non-Tobacco Premiums listed.

UNITED COMMERCIAL TRAVELERS OF AMERICA, ORDER OF THE
632 N. PARK STREET
COLUMBUS, OH 43215
1-800-848-0123

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, F, G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

www.uct.org

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: Unavailable

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 700-701, 704

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1854	1611	2400	2086	2522	2192	2335	2030	2539	2208	2259	1964
65	1079	938	1397	1216	1533	1333	1360	1183	1580	1373	1316	1144
70	1350	1174	1747	1519	1910	1661	1701	1479	1924	1673	1646	1431
75	1578	1372	2042	1776	2197	1910	1987	1728	2211	1924	1924	1673
80	1738	1511	2249	1956	2376	2065	2188	1903	2392	2080	2118	1842
85+	1854	1611	2400	2086	2522	2192	2335	2030	2539	2208	2259	1964

Zip Code Areas: 703, 706-708

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1612	1401	2087	1814	2193	1906	2030	1765	2208	1920	1964	1708
65	938	816	1215	1057	1333	1159	1183	1029	1374	1194	1144	995
70	1174	1021	1519	1321	1661	1444	1479	1286	1673	1455	1431	1244
75	1372	1193	1776	1544	1910	1661	1728	1503	1923	1673	1673	1455
80	1511	1314	1956	1701	2066	1796	1903	1655	2080	1809	1842	1602
85+	1612	1401	2087	1814	2193	1906	2030	1765	2208	1920	1964	1708

All Other zip code areas

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1451	1261	1878	1633	1974	1715	1827	1589	1987	1728	1768	1537
65	844	734	1094	951	1200	1043	1065	926	1237	1075	1030	896
70	1057	919	1367	1189	1495	1300	1331	1157	1506	1310	1288	1120
75	1235	1074	1598	1390	1719	1495	1555	1353	1731	1506	1506	1310
80	1360	1183	1760	1531	1859	1616	1686	1490	1872	1628	1658	1442
85+	1451	1261	1878	1633	1974	1715	1827	1589	1987	1728	1768	1537

*Non-Tobacco Premiums listed.

UNITED HEALTHCARE INSURANCE (AARP)
P. O. BOX 1017
MONTGOMERYVILLE, PA 18936-1017
1-800 523-5800

STANDARD PLANS MARKETING BY DIRECT RESPONSE AND PRODUCERS IN 2008:
A through L

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 3 months

POLICY FEE: None

www.aarphealthcare.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A

***ANNUAL PREMIUMS – No Age Rating**

Area 1 Parishes

Ascension, Iberville, Jefferson, Livingston, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Tammany, Tangipahoa, and Washington

AGE	A	B	C	C**	D	E	F	G	H	I	J	K	L
Under 65	3963	4224	4611	3402	4407	4407	4632	4434	4617	4650	5034	2301	3288
65	1419	1513	1653	1216	1579	1579	1661	1589	1655	1667	1805	819	1176
70	2202	2346	2562	1890	2448	2448	2574	2463	2565	2583	2796	1278	1827
75+	2422	2581	2818	2079	2693	2693	2831	2709	2821	2841	3076	1406	2010

Area 2 Parishes

Acadia, Allen, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Jackson, Jefferson Davis, La Salle, Lafayette, Lafourche, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Helena, St. Landry, St. Martin, St. Mary, Tensas, Terrebonne, Union, Vermilion, Vernon, Webster, West Baton Rouge, West Carroll, West Feliciana and Winn

AGE	A	B	C	C**	D	E	F	G	H	I	J	K	L
Under 65	3348	3570	3900	3525	3726	3726	3915	3747	3903	3930	4254	1944	2781
65	1197	1277	1396	1027	1333	1333	1402	1341	1398	1408	1525	690	992
70	1860	1983	2166	1599	2070	2070	2175	2082	2169	2184	2364	1080	1545
75+	2046	2181	2383	1759	2277	2277	2392	2290	2386	2402	2600	1188	1699

**SELECT plan "C" available in the following Parishes: Acadia, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Cameron, Concordia, De Soto, Evangeline, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, Natchitoches, Orleans, Plaquemines, Pointe Coupee, Red River, Sabine, St. Bernard, St. Charles, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Washington, and Webster

Other special discounts available (call for more information): Electronic Funds Transfer/Annual Payer, Spousal Discount, and Early Enrollment Discount.

***Non-Tobacco Premiums listed.**

UNITED TEACHERS ASSOCIATES INSURANCE COMPANY
P. O. BOX 26580
AUSTIN, TX 78755-0580
1-800-880-8824

STANDARD PLANS MARKETING BY PRODUCERS IN 2008: A, B, C, D, F, G, H, I & J

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: \$25.00

www.gafri.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 706, 710-714

AGE	A		B		C		D		F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	4331	3766	5342	4647	5933	5158	5063	4402	5651	4914	4820	4193	4263	3708	4294	3736	5010	4360
65	1617	1406	1944	1691	2219	1930	1845	1605	2113	1838	1758	1528	1522	1324	1534	1334	1789	1557
70	1834	1595	2211	1924	2531	2022	2106	1831	2412	2097	2007	1744	1738	1511	1819	1582	2122	1846
75	2167	1884	2642	2297	3039	2642	2536	2206	2895	2517	2416	2102	2092	1820	2115	1840	2468	2147
80	2394	2081	2960	2574	3420	2975	2872	2497	3258	2833	2735	2377	2370	2060	2436	2119	2841	2472
85+	2475	2152	3106	2702	3617	3145	3050	2652	3445	2996	2904	2526	2516	2187	2535	2206	2957	2574

Zip Code Areas: 703-705, 707, 708

AGE	A		B		C		D		F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	4976	4326	6137	5338	6815	5925	5816	5056	6491	5644	5537	4816	4897	4258	4933	4292	5755	5008
65	1858	1615	2233	1942	2549	2217	2120	1843	2428	2111	2019	1755	1749	1521	1762	1533	2055	1789
70	2107	1833	2540	2210	2908	2529	2420	2104	2770	2409	2305	2004	1996	1736	2090	1817	2438	2120
75	2490	2165	3035	2639	3491	3035	2913	2534	3326	2891	2775	2414	2403	2091	2430	2114	2835	2466
80	2750	2391	3400	2956	3929	3418	3299	2868	3743	3254	3142	2731	2722	2366	2798	2434	3264	2840
85+	2843	2472	3568	3103	4155	3613	3504	3046	3958	3441	3336	2901	2890	2513	2912	2535	3397	2957

Zip Code Areas: 700, 701

AGE	A		B		C		D		F		G		H		I		J	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	5642	4905	6959	6053	7728	6719	6594	5734	7360	6038	6279	5461	5553	4829	5594	4866	6526	5679
65	2107	1832	2532	2202	2890	2514	2404	2090	2753	2394	2289	1990	1983	1725	1998	1738	2331	2028
70	2389	2078	2880	2506	3297	2868	2744	2385	3141	2732	2614	2272	2263	1968	2369	2061	2764	2404
75	2823	2455	3442	2992	3959	3442	3303	2874	3771	3278	3147	2737	2725	2371	2755	2397	3215	2797
80	3118	2711	3855	3352	4455	3875	3741	3252	4244	3690	3562	3097	3086	2683	3172	2760	3701	3220
85+	3224	2803	4047	3519	4712	4097	3973	3454	4488	3902	3783	3290	3278	2849	3302	2874	3852	3353

*Non-Tobacco Premiums listed.

**UNITED WORLD LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175
1-877-845-0892**

STANDARD PLANS MARKETING BY PRODUCERS AND DIRECT RESPONSE IN 2008:
A, B, C, D, F, & G

MEDICAL UNDERWRITING: Yes, all available plans.

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: None

www.mutualofomaha.com

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A+

*ANNUAL PREMIUMS – Attained Age

Zip Code Areas: 705 – 708, 710 - 714

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2359	2052	2891	2515	3161	2750	2872	2499	3237	2817	3083	2682
65	1046	910	1282	1115	1402	1220	1274	1108	1436	1249	1367	1190
70	1189	1034	1457	1268	1594	1387	1448	1260	1632	1420	1554	1352
75	1383	1203	1696	1475	1854	1613	1685	1466	1889	1652	1808	1573
80	1508	1312	1849	1609	2022	1759	1837	1598	2071	1801	1972	1715
85+	1619	1408	1984	1726	2170	1888	1972	1715	2222	1933	2116	1841

Zip Code Areas: 700-701, 703 - 704.

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2934	2552	3596	3129	3932	3421	3573	3109	4027	3504	3835	3336
65	1301	1132	1595	1387	1744	1517	1585	1379	1786	1554	1701	1480
70	1479	1287	1813	1577	1982	1725	1801	1567	2030	1766	1933	1682
75	1721	1497	2109	1835	2306	2006	2095	1823	2362	2055	2249	1957
80	1876	1632	2300	2001	2515	2188	2285	1988	2576	2241	2453	2134
85+	2014	1752	2468	2147	2699	2348	2453	2134	2764	2405	2632	2290

SELECT policies are offered in the following Parishes: Bossier, Caddo, Calcasieu, Concordia, East Baton Rouge, Orleans, St. Bernard, St. John the Baptist and St. Martin parishes.

*Non-Tobacco Premiums listed.

Definitions of AM Best's Ratings and Not Rated Categories (NR)

Secure Best's Ratings

A++ and A+ (Superior)

Assigned to companies which have, on balance, superior balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have a very strong ability to meet their ongoing obligations to policyholders.

[*"Rating Modifiers and Affiliation Codes" explained on next page.*](#)

A and A- (Excellent)

Assigned to companies which have, on balance, excellent balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have a strong ability to meet their ongoing obligations to policyholders.

[*"Rating Modifiers and Affiliation Codes" explained on next page.*](#)

B++ and B+ (Very Good)

Assigned to companies which have, on balance, very good balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have a good ability to meet their ongoing obligations to policyholders.

[*"Rating Modifiers and Affiliation Codes" explained on next page.*](#)

Vulnerable Best's Ratings

B and B- (Fair)

Assigned to companies which have, on balance, fair balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have an ability to meet their current obligations to policyholders, but their financial strength is vulnerable to adverse changes in underwriting and economic conditions.

[*"Rating Modifiers and Affiliation Codes" explained on next page.*](#)

C++ and C+ (Marginal)

Assigned to companies which have, on balance, marginal balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have an ability to meet their current obligations to policyholders, but their financial strength is vulnerable to adverse changes in underwriting and economic conditions.

[*"Rating Modifiers and Affiliation Codes" explained on next page.*](#)

C and C- (Weak)

Assigned to companies which have, on balance, weak balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have an ability to meet their current obligations to policyholders, but their financial strength is very vulnerable to adverse changes in underwriting and economic conditions.

[*"Rating Modifiers and Affiliation Codes" explained on next page.*](#)

D (Poor)

Assigned to companies which have, on balance, poor balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, may not have an ability to meet their current obligations to policyholders and their financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.

[*"Rating Modifiers and Affiliation Codes" explained on next page.*](#)

E (Under Regulatory Supervision)

Assigned to companies and (possibly their subsidiaries/affiliates) that have been placed by an insurance regulatory authority under a significant form of supervision, control or restraint, whereby they are no longer allowed to conduct normal ongoing insurance operations. This would include conservatorship or rehabilitation, but does not include liquidation. It may also be assigned to companies issued cease and desist orders by regulators outside their home state or country.

[*"Rating Modifiers and Affiliation Codes" explained below.*](#)

F (In Liquidation)

Assigned to companies which have been placed under an order of liquidation by a court of law or whose owners have voluntarily agreed to liquidate the company.

[*"Rating Modifiers and Affiliation Codes" explained below.*](#)

Not Rated Categories (NR)

NR-1 (Insufficient Data)

Assigned predominantly to small companies for which A.M. Best does not have sufficient financial information required to assign a rating opinion. The information contained in these limited reports is obtained from several sources, which include the individual companies and the National Association of Insurance Commissioners (NAIC). The data received from the NAIC, in some cases, is prior to the completion of their cross checking and validation process.

NR-2 (Insufficient Size and/or Operating Experience)

Assigned to companies that do not meet A.M. Best's minimum size and/or operating experience requirements.

NR-3 (Rating Procedure Inapplicable)

Assigned to companies that are not rated by A.M. Best, because the normal rating procedures do not apply due to their unique or unusual business features.

NR-4 (Company Request)

Assigned to companies that request that their rating not be published.

NR-5 (Not Formally Followed)

Assigned to companies that are not formally evaluated for the purposes of assigning a rating opinion.

Rating Modifiers and Affiliation Codes

Under Review (u) Rating Modifiers are assigned to Best's Ratings and Financial Performance Ratings to identify companies whose rating opinions are Under Review and may be subject to near-term change. Qualified (q) Rating Modifiers may be assigned to Health Maintenance Organizations (HMO's) and Canadian insurers that do not subscribe to our interactive rating process. Best's Qualified Ratings are therefore based primarily on a quantitative analysis of a company's balance sheet strength and operating performance. Best's Public Data (pd) Rating Modifiers may be assigned to UK and other European insurers that do not subscribe to our interactive rating process. Best's Public Data Ratings reflect both qualitative and quantitative analysis using publicly available data and other public information. Syndicate (s) Rating Modifiers are assigned to syndicates operating at Lloyd's. Affiliation Codes are based on a Group (g), Pooling (p) or Reinsurance (r) affiliation with other insurers.

Rating Modifiers

u - Under Review
q - Qualified
s - Syndicate
pd - Public Data

Affiliation Codes

g - Group
p - Pooled
r - Reinsured

NOTES